*COMMUNITY, FAMILY HEALTH AND PREVENTION SECTION*

*Special Supplemental Nutrition Program for Women, Infants and Children (WIC)*

**REQUEST FOR REVIEW – VENDOR**

I AM REQUESTING A REVIEW AS PROVIDED IN THE WIC PROGRAM. THE FOLLOWING ARE MY REASONS FOR REQUESTING A REVIEW:

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PRINT NAME OF STORE:­­­­­­­­­­­­­­­­­

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PRINT OWNER’S NAME:

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MAILING ADDRESS:

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OWNER’S SIGNATURE:

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DATE:

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TELEPHONE:

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EMAIL:

A review will be scheduled within seven (7) days from the date of receipt of a timely request. You will be notified at least ten (10) days prior to your scheduled review as to time, date, and location where the review is to be held. You have the right to be assisted by another person or represented by an attorney. Additional information on Review Procedures may be obtained by contacting the State WIC Office.

Email, send or fax to: Commissioner

Department of Public Health

410 Capitol Avenue, MS# 13PHO

P. O. Box 340308

Hartford, CT 06134-0308

Fax (860) 707-1904

Email [phho.dph@ct.gov](mailto:phho.dph@ct.gov)

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