STATE OF CALIFORNIA - ALCOHOLIC BEVERAGE CONTROL APPEALS BOARD

ABCAB Form 1001 (Rev 8/23)

Directions: If you wish to receive service of documents via email, you may complete this form and send to the ABC Appeals Board at <u>abcboard@abcappeals.ca.gov</u> or by mail to 400 R Street, Suite 320, Sacramento, CA 95811. You must also include a <u>proof of service</u> with this form. Also send to: the Department of Alcoholic Beverage Control, at <u>ols@abc.ca.gov</u> or by mail to 3927 Lennane Drive, Suite 100, Sacramento, CA 95834, as well as to any other parties.

A. Case Information

Your Name or Agency:	
	(If you are submitting this form on behalf of a licensing authority, write the name of your agency)
I am the (check one):	
□ Appellant	
Respondent	
□ Other (Explain:	
Case Being Appealed:	
	(Provide case name and case number)

B. Official Email Election

You have the option to provide an official email address for receiving service of all correspondence, notices, pleadings, decisions, and other documents related to the appeal described above. By checking the applicable box below and providing an official email address, you agree to receive such service by electronic mail from the ABC Appeals Board and all other parties to the appeal in accordance with <u>4 CCR § 181.2</u>.

□ I agree to receive service of all documents in connection with this appeal at the official email address provided below.

Official Email Address:

□ I DO NOT agree to receive service of documents in connection with this appeal by email. Please send all documents in connection with this appeal to the following physical address:

Physical Address: _____

Signature

Date

Print Name