Special Notice Option Reissue Form

1. Provide the following information about the alternate format notice:

Name of Notice Recipient:
SSN or Beneficiary Notice Control Number (BNC#) on notice (including BIC if any):
Date of Notice: *if unknown, enter all notice dates from 5 days before the postmark date, or 5 days before through 5 days after the estimated notice date*
Type of Notice (include Program Title, if any) *For example - T16 Notice of Planned Action, T2 Notice of Award, Important Information, Overpayment Information.*

2. Annotate the reason(s) the alternate format notice needs to be reissued. *For example - "wants another copy," "lost notice/CD," etc. Identify the part(s) or section(s) of the notice that is incorrect.*

3. If there is something wrong with the alternate format notice, describe the problem: *For example - "CD was lost or damaged," "wrong SSN," "name or other information is incorrect," "notice was garbled," "notice has missing or illegible information," "audio text is in wrong language or incomprehensible." Identify the part(s) or section(s) of the notice that is incorrect.* ***REMINDER: DO NOT LOAD CDs IN YOUR COMPUTER***

4. Provide your Name, Telephone Number, and Site Code:

Name:
Telephone Number:
Site Code:

Email this request to: ^SNO Reissue Requests