

Dickinson County Fair Exhibitor Formal Protest Form

THIS FORM MUST BE COMPLETELY FILLED OUT AND PRESENTED TO DCF MANAGEMENT ALONG WITH \$100 FILING FEE

Date: _____

Name of Protester (Please Print): _____

Department: _____

Type of Exhibitor: Livestock _____ Non-Livestock _____

Date, Time, and Place of Event Leading to Protest: _____

Signature of Protester: _____

Signature of Parent/Guardian of Minor: _____

Detailed Description of the Nature of the Complaint Including Names of Other Persons Involved, if

STAGE	PROTEST FILED WITH	DATE & TIME	DCF MANAGEMENT SIGNATURE
1	DCF Management		
2	DCF Management to Department Superintendent		
3	Appeal to DCF Management		
4	DCF Management to DCF Chairperson		

For Office Use Only:

Stage 1 Superintendents Proposed Resolution:	_____ Yes, I agree to the resolution _____ No, I do not agree. I wish to have this complaint be reviewed by the Protest Board. I understand that their decision is final. Provide a written explanation of why the proposed resolution is not accepted _____ Signature of Protester
Stage 2 Protest Board Final Ruling:	I have received and reviewed the protest committee's final ruling. _____ Signature of Protester