

**FORM N**

WELFARE DEPARTMENT  
City of Berlin, N.H.  
NOTICE OF FAIR HEARING DECISION

In a Fair Hearing conducted on \_\_\_\_\_ requested by  
\_\_\_\_\_ to review the decision made on \_\_\_\_\_, the  
following was determined:

1. Issue:
2. Relevant Facts Brought Out at Hearing:
3. Decision by Fair Hearing Board:
4. Reasons for Decision:
5. Statute or Central Assistance Policy Supporting Decision:

You have the right to appeal this decision to Superior Court.

\_\_\_\_\_  
Fair Hearing Officer

\_\_\_\_\_  
Fair Hearing Officer

\_\_\_\_\_  
Fair Hearing Officer