

**CITY OF MINNEAPOLIS
TARGET MARKET PROGRAM
Request for Appeal Form**

Business Name: _____

I am the owner of the above-mentioned business and I wish to appeal the City of Minneapolis' decision to decline participation of my business in the Target Market Program for the following reason(s) - (Please explain):

Print Name: _____

Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Appeals must be received by the City ***no later than 15 days after the date of the notification*** by Procurement.

You will receive a letter notifying you of the date, time and location of the hearing.

Mail completed form to:

TargetMarket@Minneapolismn.gov

OR

City of Minneapolis-Procurement
505 4th Ave S – Room 310
Minneapolis, MN 55415