

# 訴 願 書

## Application for Administrative Appeal

稱謂 Title	姓名或名稱 Name	出生年月日 Date of Birth	身分證文件字號或 營利事業統一編號 Personal Identity No./ Business Administration No.	住居所或營業所 Address of Residence/Domicile/Business Office/Business Place	聯絡電話 Telephone No.
訴願人 Appellant					
代表人 Representative					
代理人 Agent					(附委任書) (Authorization Letter Attached)
原行政處分機關(或應為行政處分之機關) The Original Competent Authority (or agency with the obligation to make the administrative action)			(應附原行政處分書影本) (Please Attach a Photocopy of Original Administrative Action)		
行政處分書發文日期及文號 Issuing Date and No. of Administrative Action Notice			收受或知悉行政處分之年月日： The Date of Receipt or Acknowledgement of the Administrative Action		
訴願請求： Matters of Claims:					
事實 Facts:					
理由： Reasons:					
此致 To _____ (原處分機關) (The Original Competent Authority) 轉陳 To be referred to 財政部 Ministry of Finance					
			訴願人： Appellant:	簽名或蓋章 Signature/Stamp	
			代表人： Representative:	簽名或蓋章 Signature/Stamp	
			代理人： Agent:	簽名或蓋章 Signature/Stamp	
中華民國 _____ 年 _____ 月 _____ 日 Date (year/month/day)					
附件： Attachments:					

