

**COMMUNITY DEVELOPMENT DEPARTMENT
CODE COMPLIANCE DIVISION
APPEAL FORM**

You do not have to use this form to file an appeal. However, if you do not use it, please make sure that your appeal includes all the information requested on this form. The appeal must reach the Department of Community Development no later than 5:00 p.m. of the last day of the appeal period.

APPELLANT INFORMATION (Person or group making appeal)

1. Appellant:

If several individuals are appealing together, list the additional names and addresses on a separate sheet and identify a representative in #2 below. If an organization is appealing, indicate group's name and mailing address here and identify a representative in #2 below.

Name: _____
Address: _____

Phone: Home: _____ Work: _____

Fax: _____ Email Address: _____

2. Authorized Representative:

Name of representative if different from the appellant indicated above. Groups and organizations must designate one person as their representative/contact person.

Name: _____
Address: _____

Phone: Home: _____ Work: _____

Fax: _____ Email Address: _____

DECISION BEING APPEALED

1. **Decision appealed** (Departmental File or Reference #.): _____

2. **Address** (if any) connected to decision being appealed:

3. **Type of issue/decision being appealed if known** (ask for assistance if unknown):

