



# APPEAL NOTIFICATION FORM

Type of Appeal: \_\_\_\_\_

Subject of Appeal (Provide a description of the administrative decision that you are appealing)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Appeal filed with City Clerk: \_\_\_\_\_

Appeal filed by:

Appellant \_\_\_\_\_

Agent \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Description of Supporting Documents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Routing:	For Official Use Only
_____ Hearing Examiner	_____ Transportation, Dev. Review Supervisor
_____ DSD Director	_____ Utility, Review Supervisor
_____ DSD Legal Planner	_____ Environmental Services Commission
_____ DSD Land Use Director	_____ Finance Director
_____ DSD Planner/File	_____ Tax Manager
_____ DSD Land Use Support	_____ City Attorney's Office
_____ DSD Building Official	