



## APPEAL OF A DETERMINATION OF A RESPONSIBLE COUNTY OFFICIAL

Name of Appellant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Identify the decision or order that is being contested **and attach a copy of the decision and order.**

Your statement explaining why the decision or order was in error. (Attach a separate sheet if necessary)

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

For Office Use Only	
App or Case Number	
Parcel Number	
<b>LAST</b> Day to File	