City of Maupin
507 Grant Ave.
PO Box 308
Maupin, Oregon 97037

Community Development
541-395-2698
cityofmaupin.org
communityliaison@cityofmaupin.org

NOTICE OF INTENT TO APPEAL

Thank you for contacting the City of Maupin. Please review the following requirements and complete all required fields (*) to have your appeal reviewed by City staff. Please note that only the property owner or the person in charge of the property may appeal, and all appeals must be received no later than ten (10) days from the date of the Notice of Violation to be considered timely.

APPELLANT / PETITIONER (PERSONS APPEALING) INFORMATION	
FIRST NAME*	LAST NAME*
MAILING ADDRESS*	CITY/STATE/ZIP*
SITE ADDRESS (*IF DIFFERENT THAN MAILING*)	CITY/STATE/ZIP
PRIMARY PHONE*	ALTERNATE PHONE (*OPTIONAL*)
EMAIL (*OPTIONAL*)	COMPLIANCE CASE #*

GROUNDS FOR APPEAL

PLEASE DESCRIBE SPECIFIC GROUNDS FOR APPEAL* (*IDENTIFY ANY SPECIFIC FINDINGS, FEES, OR OTHER INFORMATION INCLUDED IN THE NOTICE OF VIOLATION THAT ARE BELIEVED TO BE IN ERROR*)

SIGNATURE

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ON AND WITH THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:* _____ **DATE:*** _____

FOR OFFICE USE ONLY	*DATE RECEIVED*	*DATE OF HEARING*