

Notice of Appeal

Town of Alberton, MT

This form is used to appeal a decision of the Zoning Officer to the Board of Adjustment (City Council).	Office Use Only Date: _____ Accepted by: _____ Fee: \$ _____ Cash/Check #: _____ Supporting docs rec'd date: _____
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1. Name of Appellant: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

2. Person(s) authorized to represent the appellant, their role (e.g. attorney) and to whom a copy of all correspondence is to be sent:

Name: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

3. Describe the action being appealed and attach a copy of the decision: _____

4. Describe the reason the action should be reversed: _____

5. Additional materials may be submitted in support of your appeal. How much time do you need to prepare these materials?

Acknowledgement

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other forms, documents, plans or any other information submitted as a part of this application to be true, complete, and accurate to the best of my knowledge. Should any

information or representation submitted in connection with this application be incorrect or untrue, I understand any approval based thereon may be rescinded and other enforcement action taken. The signing of this application signifies approval for representatives of the Town of alberton to be present on the property for routine investigation and inspection during the appeal process.

Applicant Signature

Date