CODE COMPLIANCE AND COMMUNITY RELATIONS

APPEALS FORM

Please complete the following form, and deliver (along with all supporting evidence) to the City Manager within the timeframes listed in the form below:

230 NE 2nd Street
McMinnville, Oregon 97128

APPEAL REQUESTED BY:

NAME:_____DATE:_____

ADDRESS OF ALLEGED VIOLATION:_____PHONE:_____

MAILING ADDRESS (if different from above):_____

EMAIL (if applicable):_____

APPEAL CATEGORY *(PLEASE SELECT ONE)*

- ☐ NOTICE OF VIOLATION *(DUE TO CITY MANAGER WITH 10 DAYS OF DATE ON NOTICE)*
- ☐ CIVIL PENALTY CITATION *(DUE TO CITY MANAGER WITHIN 10 DAYS OF DATE OF NOTICE)*
- ☐ NOTICE OF CORRECTIVE ACTION COSTS *(DUE WITHIN 30 DAYS OF DATE OF NOTICE)*

PLEASE PROVIDE STATEMENT DESCRIBING YOUR PROTEST OF ONE OF THE ITEMS LISTED ABOVE:

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