



## Administrative Appeal Form

**Please Type or Print Legibly.**

APPELATE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

As required by MMC 17.71.150, please provide the following information in the lines below or in an attached document:

- A. An indication of facts that establish your right to appeal.
- B. An indication of explicit exceptions or objections to the decision being appealed, or an identification of specific errors in fact or conclusion.
- C. The requested relief from the decision being appealed.
- D. Any other information reasonably necessary to make a decision on the appeal.

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