

# PATTERSON TOWNSHIP

## CODE ENFORCEMENT OFFICE

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### CODE HEARING BOARD APPLICATION OF APPEAL

Date of Decision/Notice/or Order served: \_\_\_\_\_

Date of Filing of Appeal: \_\_\_\_\_

Complete Name of Person/Business filing Appeal:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Code Officer's Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Please list all grounds for Appeal: (Use additional paper if necessary)

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\_\_\_\_\_  
Appellants Signature                      Date

\_\_\_\_\_  
Code Officer's Signature                      Date

**THIS APPEAL MUST BE FILED WITHIN TWENTY (20) DAYS AFTER THE DATE OF THE DECISION, NOTICE, OR ORDER WAS SERVED.**