PATTERSON TOWNSHIP

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CODE HEARING BOARD

**APPLICATON 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

Appellants Signature Date Code Officers Signature Date

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