Appeals Authority Application

Appeal Request: (explain in detail)

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Property Owner or Applicant's Name _____

Mailing Address_____

City_____ State _____ Zip Code _____

Telephone _____ Cell Number _____ E-mail _____

File # being appealed _____

Signature: _____ Date _____

For Herriman Use Only

Filing Number _____ Date of Submittal _____ Filing Fee__$300_____

Receipt Number _____Check Number _____ Accepted by _____

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