NOTICE OF APPEAL TO TILLAMOOK COUNTY

) OFFICE USE ONLY
) Hearing Scheduled
) Public Notice Completed
) Property Owner Notice Completed
)) Fee Paid
APPI	ELLANT:
1. Na Only p	ame personal names. If you are also representing an organization, place its name on line number 4.
2. Ad	ldress
3. Te	lephone (Daytime)
	Place your organizations name here IF you are an official representative of an organization that has authorized this appeal. Proof of such authorization must be shown by the time of the public hearing. (You need not represent an organization in order to file an appeal.)
6. Ac	tion Appealed
7.	Decision Appealed <i>(Denied, Granted)</i>
8.	Name of Applicant
9.	Additional Comments
You w	ill be notified by mail of the date and time set for the public hearing before the appeal body.

Date _____ Signature _____