



**City of Clinton
Code Enforcement Department**

APPEAL FORM

Applicant Name: _____

Circle one (Owner) (Manager)

Telephone Number: _____

Address of Violation: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Code Enforcement Officer _____

Violation you are appealing:

International Property Maintenance Code _____

Vacant and Abandon Ordinance _____

Dangerous Buildings _____

Desired Relief (State Briefly)

Basis of Appeal (State Briefly)

**Provide Copies of the Following as appropriate
Statement of Facts and Reasoning
Supporting Material**

Applicant Signature (must be an original Signature of property owner or manager)

_____ Date: _____