



## 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: \_\_\_\_\_