



REQUEST FOR AN APPEAL

Indicate which step you are requesting:

- Step One (no fee)
- Step Two (see current fee schedule)

Property tax account number: _____

Complaint number (If applicable): _____

Appellant's name: _____ Phone: _____

Address: _____ City, Zip: _____

Decision being appealed: _____

Date of decision: _____

Do you request a meeting with the reviewer? Yes No

Appellant: Please state the decision being appealed, the reason you are appealing it, and the regulations which you believe have not been followed or correctly interpreted. Please provide evidence or justification to support your appeal.

Appellant's signature

Date

FOR

HEALTH DISTRICT

USE ONLY

File number _____

Decision date _____