



**CITY OF BLACK DIAMOND
APPEAL OF AN ADMINISTRATIVE DECISION**

Decision being appealed: _____

Name of Appellant:		Case #:	
Address:			
City:		State:	Zip:
Phone:	Email:		

1. What is your relation to the decision being appealed? _____

2. What error(s) do you believe were made by the decision? How does the decision fail to meet the applicable decision criteria?

3. What relief are you requesting (i.e, overturn the decision, modify the decision, etc.)?

4. Any other information you wish to have considered (attach additional page).

Signature:	Date:
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