



Application To Appeal

Version: February 2019

Date: _____

Name of Appellant: _____

Appellant Address: _____

Daytime Phone No.: _____ Fax: _____ Email: _____

Address or APN of Subject Property: _____

Date of Decision: _____

State the name or title of the board, commission, or officer from which this appeal is taken: _____

Decision of which this appeal is based: _____

Pursuant to the provisions of Section §23.76.100 of the Alhambra Municipal Code, appeal is hereby made for the following reasons:

Signature of Appellant: _____ Date: _____

The granting, whether with or without conditions, or the denial of an application by the authorizing body shall be final unless within ten days after the decision, the applicant, or any other aggrieved person(s) shall appeal therefrom, in writing.

FOR STAFF USE ONLY

Fee Paid: _____

Receipt No.: _____

Check No.: _____

Date Received Stamp