

JEFFERSON COUNTY

Community Development Department

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APPEAL FORM

Casefile #: _____

For office use only
Date Decision was mailed: _____

Applicant's Name: _____

Date Appeal filed: _____

Appellant's Name: _____

Appellant's Name: _____

Address: _____

Address: _____

Phone: (____) _____

Phone: (____) _____

Fax: (____) _____

Fax: (____) _____

Email: _____

Email: _____

Signature: _____

Signature: _____

Use additional sheets if there are other appellants.

Basis for Appeal: (Please explain why the decision is being appealed, and indicate what criteria or standards have not been met. Attach additional sheets if necessary/) _____

In order to be considered, an appeal must be filed within fifteen (15) days of the date the Notice of Decision was mailed, and must be accompanied by the required appeal fee.