

NOTICE OF APPEAL

Anne Arundel County Board of Appeals

Decision Information					
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Decision Rendered By: I&P	P&Z	AHO	A.C.	H.D.	Other
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County Agency Case #:	Date of Decision:
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Appellant Information (Appealing Party)	
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Name: _____

Address: _____

Phone # (Home):	Phone # (Work):
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Attorney's Name (if applicable): _____

Attorney's Address: _____

Attorney's Phone #:	Attorney's Fax #:
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Applicant Information (Party Originally Applying for County Approval)	
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Name: _____

Address of Property (if applicable): _____

Mailing Address: _____

Phone # (Home):	Phone # (Work):
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Attorney's Name (if applicable): _____

Attorney's Address: _____

Attorney's Phone #:	Attorney's Fax #:
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Reason for Appeal	
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Please provide a brief statement as to reasons for this appeal below: (you may attach more paper if necessary)

A copy of the County Agency's Decision **must be submitted at the same time as this form.*

*** FOR OFFICE USE ONLY ***			
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<i>Date Received:</i>	<i>Case #:</i>	<i>Check #:</i>	<i>Initials:</i>
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<i>Copies Given to:</i>	<i>Check Amt.:</i>
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Applicant: _____ Appellant: _____ Law Office: _____ I&P: _____

P&Z: _____ Personnel: _____ A.C. _____

Dept. of Health: _____ AHO: _____ Other: _____