

CITY OF MARSHALLTOWN APPEAL REQUEST FORM

This form may be completed when appealing various City Codes that provide for an appeal opportunity. Please complete all lines and add additional information if applicable. Submit to the designated City representative identified in the notice you received.

Name: _____

Address: _____

Phone Number: _____

E-Mail Address (if available): _____

Description requesting appeal: _____

Signature: _____

Date: _____