



Home of the Tualatin River National Wildlife Refuge

NOTICE OF APPEAL TYPES III & IV

TAX LOT:
MAP NO:
CASE NO:

TO: _____

APPEAL BY: _____
(Appellant's Name)

ON FILE # _____ at _____
(address/tax lot number)

The undersigned in the above-entitled matter does hereby appeal from that certain decision of the _____ rendered on the ____ day of _____, 20____, upon the following grounds: *(Please provide on a separate sheet the reasons why you think the Appeal Authority should render a different decision than that rendered by the Hearing Authority).*

Appellant Date Signed: _____, 20__

Address Phone No.

To be filled out by City Staff

Received by: _____ Date: _____
(authorized Staff member)

* Fee: _____ Receipt No.: _____

* See City of Sherwood current Fee Schedule, located at www.ci.sherwood.or.us. Click on City Government/Departments/Finance.

APPEAL

Persons who are a party to the decision and who have a basis for an appeal based on an issue that has been raised, are eligible to appeal this decision not more than 14 days after the date on which the action took place. For the applicant, the 14 days are counted from the date the decision was mailed.