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| Date _____ | Received By _____ |
| Tracking Number _____ | |

APPEAL OF REASONABLE ACCOMMODATION DENIAL

Notice: Please attach a copy of the initial Reasonable Accommodation application along with the Notice of Decision received from the Executive Director of the City Planning Commission.

Name of Applicant: _____

Date of Denial: _____

Property Address: _____

Why do you believe the decision regarding your reasonable accommodation request was in error:

Provide, if available, any new information, documents or facts regarding your request that may change the decision. Attach any additional documents to this form:

Additional Comments:

Signature of Applicant: _____ Date: _____

Signature of Property Owner (if different from applicant)

_____ Date: _____