

**REQUEST FOR
ADMINISTRATIVE REVIEW AND/OR APPEAL
PURSUANT TO SECTION 1.15 OF THE CITY ORDINANCE**

INSTRUCTIONS: This form is being provided for the purpose of assisting you in preparing a request for review or appeal of a decision made by a City employee or City official, other than the City Manager. You must provide all of the information requested by this form and the \$50.00 filing fee before it may be accepted for filing.

1. Provide the name of the person who made the decision which you are appealing or requesting review of. _____.
2. Give the date of the decision. _____.
3. Was the decision made orally or in writing? _____.
4. If the decision was made orally, did you request that the decision be reduced to writing?

If so, when? _____.
How was the request made? _____.
(Note: You have a right to request a written decision if you make the request within 10 days after receiving notice of the oral decision.)
5. If you received a written decision which you are appealing or requesting review of, please attach it to this request form.
6. If you did not received a written decision, describe the decision which you are appealing or requesting review of. _____

_____.
7. Please indicate below the type of review or appeal that you are requesting.

	YES	NO
I request an initial review by the City Manager within 15 days of the date of the filing of this request without a formal hearing. In the event that I am dissatisfied with the decision of the City Manager, I wish to have a formal administrative appeal hearing.		
I hereby waive my right to review by the City Manager within 15 days of the filing of this request and request a formal administrative appeal hearing.		

8. Explain why you think the decision you are appealing or requesting review of was erroneous. How should it be changed? _____

_____.

9. Do you have any new evidence or arguments that were not considered at the time the initial decision was made? _____.

If so, please describe the new evidence or arguments. (You may respond to this question by attaching a description or a copy of the evidence or arguments.) _____

_____.

10. Your request cannot be accepted unless it is accompanied by filing fee of \$50.00. The filing fee entitles you to the review and/or appeal hearing requested in paragraph 7 above.

11. If you are requesting a review by the City Manager, this request must be filed with the person who made the decision subject to review within 30 days of the date of that decision.

12. If you are requesting an appeal only, this request must be filed with the City Manager within 30 days of the initial decision that you are appealing.

13. Please type or print your full name. _____
_____.

14. State your address. _____
_____.

15. State your telephone number where you may be reached during normal business hours. _____
_____.

16. Indicate the date that you signed this request. _____.

17. Please sign this request. _____
signature

FOR CITY STAFF ONLY:

ROUTE TO:

Date received: _____

Received by: _____

Filing Fee: _____
