

Sewage Treatment System Appeals Board

Application for Appeal

Fee \$100.00
(Non refundable)

Application Number _____

Date _____

Name _____

Address _____

City _____ Zip _____

Address of subject property if other than above

Brief description of grounds for appeal:

(Please attach additional pages if necessary)

Owner representing themselves _____

Owner with Legal Counsel _____

Counsel's Name and Address _____

Phone _____

Owner/agent's signature _____