



LINDON CITY
APPEAL FORM
FEE: \$250.00

please print or type

Applicant's Name: _____ Telephone #: _____

Applicant Email: _____

Contact Person's Name: _____ Telephone #: _____

Send Correspondence To: _____ Telephone #: _____

Address: _____

City

State

Zip

All applicants have the burden of proof to show that the City did not apply the code correctly (see Lindon City Code Section 17.09)

PLEASE BRIEFLY DESCRIBE YOUR APPEAL:

What section of the Lindon City Code do you feel was not applied correctly?

Please list additional documents and/or evidence being submitted with you appeal application.

Have you exhausted all administrative appeals?

(I/We), the undersigned, swear that (I am/We are) the owner(s) of record o the Tax Rolls of the property involved in this application, or (am/are) otherwise qualified to initiate this application under Lindon City Code; that the information on the attached legal description, all plans, drawings, and sketches attached hereto and all the statements and answers contained herein are in all respects true and correct to the best of my knowledge, and the undersigned understands that this application must be complete and accurate before a hearing can be conducted.

_____ and _____
Property Owner/Agent

Property Owner/Agent