



**LINDON CITY
APPEAL FORM**

FEE: \$250.00

Please print or type

Applicant's Name: _____ Telephone #: _____

Email Address: _____

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.

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 your appeal application.

Have you exhausted all administrative appeals?

(I/We), the undersigned, certify that (I am/We are) the owner(s) of record on 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

_____ and _____

Property Owner/Agent