



# Town of Moraga

## NOTICE OF APPEAL TO CITY COUNCIL APPEAL FORM – MUST BE SUBMITTED IN PERSON FILE WITH TOWN CLERK

FOR STAFF USE ONLY  
Date Received Stamp

Appeal Fee \$ \_\_\_\_\_

Date Paid \_\_\_\_\_  
Cash or Check payable to  
the Town of Moraga

Receipt No. \_\_\_\_\_

### APPELLANT INFORMATION

Choose One: Applicant    Concerned Resident    Business Owner

Other: \_\_\_\_\_

### PROPERTY OWNER/APPLICANT FOR PROJECT UNDER APPEAL

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE	PHONE
EMAIL	EMAIL

PROPERTY ADDRESS/LOCATION: \_\_\_\_\_

DATE OF ACTION: \_\_\_\_\_ CHOOSE ONE:    APPROVED    DENIED

BY WHAT DECISION-MAKING BODY? \_\_\_\_\_

DESCRIPTION – Reason(s) for appeal. *(Attach additional sheets if necessary)*

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SIGNATURE:

DATE:

X \_\_\_\_\_  
(If applicant signs then authorization signed by the property owner must be attached)

### STAFF USE ONLY

Scheduled for Council Meeting (date) \_\_\_\_\_ Municipal Code Section \_\_\_\_\_

Public Hearing Scheduled on (date) \_\_\_\_\_