



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

CIRCLE 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: _____ CIRCLE ONE: APPROVED DENIED

BY WHAT DECISION-MAKING BODY? _____

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

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) _____