TOWN OF CHAPEL HILL

PUBLIC WORKS DEPARTMENT
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All appeals will be thoroughly reviewed by an Appeal Review Officer at Public Works. Please complete the form below using as much detail as possible. A written decision should be sent to you within 15 days of filing this appeal.

NAME:_____ DATE:_____

HOME TELEPHONE:_____BUSINESS:_____

EMAIL: _____

ADDRESS:_____

CITY: _____ STATE: _____ ZIP:_____

LOCATIONS OF ALLEGED VIOLATION:_____

ENFORCEMENT CITATION NUMBER:_____

REASON FOR APPEAL (Use back of form if necessary):

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