



**CITY OF BLACK DIAMOND  
APPEAL OF AN ADMINISTRATIVE DECISION**

Decision being appealed (include case number if applicable): \_\_\_\_\_

\_\_\_\_\_

Name of appellant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. What is your relation to the decision being appealed? \_\_\_\_\_

\_\_\_\_\_

2. What error(s) do you believe were made by the decision? How does the decision fail to meet the applicable decision criteria?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What relief are you requesting (i.e., overturn the decision, modify the decision, etc.)?

\_\_\_\_\_

\_\_\_\_\_

4. Any other information you wish to have considered (attach additional page).

Signature:	Date:
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