Appeal Application THIS IS PUBLIC RECORD

<u>APPELLANT INFORMATION:</u>	
NAME:	
ADDRESS:	
PHONE:	
E-MAIL:	
CASE INFORMATION OF REQUESTE	D APPEAL:
CASE FILE NUMBER:	
DECISION BEING APPEALED:	
REVIEW AUTHORITY THAT MADE THE D	ECISION:
DATE OF THE DECISION:	
DOCUMENTATION THAT THE APPELLAN	T WAS A PARTY TO THE INITIAL PROCEEDINGS:_
	F THE APPEAL, INCLUDING WHICH APPROVAL
	OR CONDITIONS OF APPROVAL WERE ALLEGEDLY
	TO THE DECISION: (attach additional sheets as necessary to
11	ndards, or conditions of approval that were allegedly
improperly evaluated)	
The required appeal application fee must acc	company this application.
I hereby declare under penalty of perjury under the la complete, and accurate.	aws of the State of Oregon that the foregoing information is true,
complete, and accurate.	
SIGNATURE:	
Appellant	Date

