



City of Seaside

APPEAL TO CITY COUNCIL

*****Fees per current adopted fee schedule*****

An application to appeal an administrative action or citation. If you have any questions regarding the appeal process, please visit the City Clerk's office during regular business hours or call 831-899-6707.

**Please return form to the City Clerk's Office:
440 Harcourt Avenue, Seaside, CA 93955**

APPELLANT

Name of Appellant: _____

Residing at: _____

Phone Number(s): _____

Signed: _____ Date: _____

SUBJECT OF APPEAL

I hereby appeal the decision of the: _____
(Name of Council, Committee, or Commission decision being appealed)

Date the decision being appealed was rendered: _____

Agenda item number: _____

Subject/Agenda item title: _____

Signed: _____ Date: _____

REASON FOR APPEAL

Explain specifically what action(s) you are appealing and why you believe the Council should consider your appeal. Include what evidence you have that supports your appeal. You may attach additional pages if necessary. *(Number of sheets attached _____)*

Administrative Use Only

Receipt Number: _____

Received by: _____ Date: _____