TOWN OF ROME

APPLICATION FOR ADMINISTRATIVE APPEAL TO BOARD OF APPEALS

Name of Appellant _	
Mailing Address	
Telephone Number _	
Name of Owner of Property Which is Subject of Appeal	
which you are appea	etail the facts surrounding this appeal, what you think is wrong about the decisionaling, and what action you want the board of appeals to take in this matter. If eeded, please continue a separate sheet of paper and attach it to this application
I certify that the info knowledge and belie	ormation contained in this application is true and correct to the best of my ef.
Date	, Name

(Signature)
 (Print Name)