# Application for appeal

Town of Shaunavon

**1. Applicant Information**

Name: _____

Company: _____

Address: _____

Municipality: _____ Province: _____ Postal Code: _____

Phone Number: Home (  ) _____ Work: (  ) _____

Cell: (  ) _____ Email: _____

**2. Subject Property**

Civic Address: _____

_____ ¼ Section _____ Twp. _____ Range _____ West of _____ Meridian

Lot(s) _____ Block(s) _____ Plan/Parcel No. _____

**3. Applicants Interest in Property**

- ☐ Registered Owner
- ☐ Agent of Owner
- ☐ Tenant
- ☐ Other: _____
- ☐ Neighbour

**4. Property owner** (if different from Applicant)

Name: _____

Company: _____

Address: _____

Municipality: _____ Province: _____ Postal Code: _____

Phone Number: Home (  ) _____ Work: (  ) _____

Cell: (  ) _____ Email: _____

**5. Reason For Appeal**

_____

_____

_____

_____

**6. Summary of supporting facts** (explain in detail the grounds the appeal is being made, identify sections of the bylaw that apply to this appeal, etc.)

_____
_____
_____
_____
_____
_____

**7. Any additional information** (provide any additional information that may support the appeal)

_____
_____
_____
_____
_____

**8. Expectation of the appeal** (indicate action requested of the Town)

_____
_____
_____

**9. Authorization**

I hereby swear that the information given on this form is full and complete and that all statements contained within this application are true.

_____ _____

Signature Date

_____ _____

Name Address