ATTACHMENT A – ADMINISTRATIVE APPEAL APPLICATION

Tehama County Sanitation District No. 1

This application is submitted pursuant to Chapter 6 of the District Ordinance. This form must be filed within the required time limits.

APPLICANT INFORMATION (print clearly)

Name: _____ Phone: _____
Email: _____ APN: _____
Service Address: _____
Mailing Address (if different): _____

ACTION BEING APPEALED

Identify the District action, decision, determination, or notice being appealed, including date:

_____
_____
_____

GROUNDS FOR APPEAL / RELIEF REQUESTED

State the reason(s) for the appeal and relief requested (attach additional page if necessary):

_____
_____
_____
_____
_____
_____
_____

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Signature: _____ Date: _____
Printed Name: _____

Submit to: Clerk of the Board, Tehama County Sanitation District No. 1. Failure to submit a timely and complete appeal may result in denial.