

West Lebanon Township- Department of Public Safety

322 North 22nd Street

Lebanon, PA. 17046

717-274-1598 Fax 717-274-5119

APPEAL FORM

Date _____

Application No. _____

Petition No. _____

The undersigned has been aggrieved by the action taken by the Department of Public Safety (Housing and Fire) and hereby appeals there from to the Board of Appeal or Review.

The action from the bureau from which this appeal is taken: _____

Premises Cited (Location Address) _____

Date of First Notice of Violation _____

Violations Appealed _____

The grounds for this appeal are as follows: _____

Signature of Appellant

Date

Name

Address

Appeal Attorney (if any)

Address

NOTE: Appeal must be filed only at the Department of Public Safety at the address noted above within ten (10) days of the first notice of violation. A fee of three hundred seventy-five dollars (\$375.00) must accompany your application for a written appeal , and a fee of seven hundred fifty dollars (\$750.00) for requesting a hearing as part of the appeal.