

KENNEBUNKPORT SEWER USE ORDINANCE
APPEAL FORM

Appellant's Name: _____ **Date:** _____

Property Location: _____

Map _____ **Block** _____ **Lot** _____

Mailing Address (if different than location): _____

Article & Section that is being appealed: _____

Grounds for the appeal: _____

Signature of Appellant: _____

The following must be supplied as part of the appeal process.

- ★ Name and mailing address of all the property owners within 200-feet of the property.
- ★ A check for \$25.00.
- ★ Appellant must pay for postage for the notice's that are sent to property owners (certified and return receipt requested).

Date received:_____

Received by:_____