

**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:** \_\_\_\_\_

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**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:**\_\_\_\_\_