



Appeal Application

Appeal Case No. _____

Application Date: _____

Cash Check _____ Credit Card _____

Received \$ 50.00 Receipt No. _____

Subject Address: _____

Applicant: _____ **Phone:** _____

Address _____ City _____ State _____ Zip _____

E-mail address: _____

Property Owner: _____ **Phone:** _____

Address _____ City _____ State _____ Zip _____

Property Zoning: _____ **Code Section No.:** _____

Date denied by Planning Commission?: _____

Reason for Appeal?: _____

The undersigned declares that the above statements and those contained in any exhibits transmitted to the City of Choctaw are true and correct to the best of my knowledge.

PROPERTY OWNER'S SIGNATURE: _____
[Not necessary if there is an authorized representative. Authorized representative must sign below]

AUTHORIZED REPRESENTATIVE: I hereby certify that I am authorized to represent all of the property owners of the above described tract in the application. A power of attorney is attached.

Name: _____ **Address:** _____

Signature: _____ **Telephone:** _____

County Parcel Number: _____