

# NEIGHBORHOOD SERVICES

One Grand Street • Coldwater, MI 49036

## INSPECTION APPEALS FORM

**PROPERTY OWNER:** If you believe the violation(s) identified in your inspection are not an accurate violation of code or believe the violation(s) cited are improper in any way, **YOU HAVE THE RIGHT TO APPEAL** the inspector's decision. An appeal **MUST** be submitted to the Public Safety Director within **20 days** of the inspection.

TO: **Director of Public Safety**

FROM: Name \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

DATE: Date of Appeal Request: \_\_\_\_\_

As provided for by City Ordinance, I am requesting an appeal hearing with the City of Coldwater Property Maintenance Board of Appeals.

I am requesting an appeal of the decision by the Building Inspector / Rental Housing Inspector regarding the following locations / violation(s):

Location of Property \_\_\_\_\_

Date Notified of Inspectors Decision \_\_\_\_\_

Describe condition/situation being appealed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

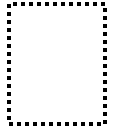
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This appeal request will be forwarded to the Property Maintenance Board of Appeals. The City will notify you of the date and time of the appeals hearing.*

staple or tape



Neighborhood Services Department  
One Grand Street  
Coldwater, MI 49036

*Attn: Director of Public Safety*

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