



APPEAL OF DECISION OF IMPACT FEE ADMINISTRATOR

Name of Developer/Fee Payer:

Address:

Phone Number:

Fax Number:

Email:

Date of the Decision:

Decision Appealed:

GROUND FOR THE APPEAL:

Provisions of the Impact Fee Ordinance Relevant to this Appeal:

1.

2.

3.

4.

Facts Not Considered in the Impact Fee Administrator's Decision:

Arguments in Support of the Appeal:

Developer/Fee Payer Signature:

Date:

Additional information may be attached. See Section 7321 of ACHD
Impact Fee Ordinance 246A for more information.

ACHD use:
Date received: