

NOTICE OF APPEAL FROM VIOLATION TICKET
REGARDING THE QUALITY OF LIFE ORDINANCE

DATE OF VIOLATION: _____

DATE OF TICKET SERVICE: _____

TICKET NO.: _____

NAME: _____

MAILING
ADDRESS: _____

ADDRESS OF VIOLATION: _____

PHONE NUMBER: _____

REQUEST FOR A HEARING BEFORE THE HEARING BOARD

I, _____, formally request a hearing before the Quality of Life Ordinance Hearing Board regarding the above violation. I acknowledge that I will be informed of the hearing date by mail to the above mailing address.

Signature

HEARING FEE

I, _____, acknowledge that a fee of \$25.00 is required to request a hearing before the Hearing Board. In the event the appeal is successful, this fee will be refunded to me.

Signature

Please make checks payable to: Renovo Borough

Date appeal received: _____

Hearing fee payment type; check appropriate box

check number: _____ money order number: _____ cash