



**CITY OF PALOS VERDES ESTATES
REQUEST TO APPEAL
PARKLANDS COMMITTEE DECISION**

Fee: \$2,000 Receipt: _____

Name: _____

Address: _____

Telephone # _____ Work # _____

E-mail Address: _____

Date of Decision: _____

Today's Date (Must be within 15 days of the Date of Decision): _____

Project Address/Location: _____

Application # _____

Reason for Appeal: (Please be specific in your reasons for the appeal)

Please note that the grounds for appeal must apply to the findings required by the City Municipal Codes, the Tree Management Policy and to the final project decided upon by the Parklands Committee. Please attach a letter with your specific reasons for appeal.

All materials to be considered as part of the appeal must be attached at the time the appeal is filed. No additional correspondence from the appellant will be accepted after filing. If you plan to use visual aids at the hearing, an 8½" x 11" copy, suitable for photocopying, or a minimum of 7 original sets must accompany this form.

Appellant Signature & Date

Rev. 5/18

**340 Palos Verdes Drive West - Palos Verdes Estates CA 90274-1299
(310) 378-0383 • Fax (310) 378-7820**