

**QUAKER VALLEY COUNCIL OF GOVERNMENTS
APPEALS BOARD**

Fee Paid _____

Appeal # _____

Municipality of Appeal _____

Property Location _____

Appellants Name _____

Mailing Address _____

Phone Number _____

**NATURE OF REQUEST
(Check Line That Applies)**

_____ The Act 45 or the UCC has been incorrectly interpreted.

_____ Provision of the act or the UCC do not apply,

_____ An equivalent form of construction is to be used.

LIST ACT OR UCC BEING APPEALED:

UCC Code or Act _____

Section of UCC Code or Act _____

Description of Request

List any materials being submitted with application:

Signed: _____ Date: _____

DECISION OF THE BOARD

_____ Grant Appeal in whole or part.

_____ Grant Appeal with conditions.

_____ Deny Appeal

Date: _____

QUAKER VALLEY COUNCIL OF GOVERNMENTS APPEALS BOARD:

_____ Member _____ Member

_____ Member _____ Member

_____ Member _____ Member

(Written Decision Attached)