



City of Temple City

APPEAL FORM

APPEAL OF A PLANNING COMMISSION OR COMMUNITY DEVELOPMENT
DIRECTOR DECISION

APPELLANT INFORMATION:

Name: _____

Address: _____

Phone: _____ E-mail: _____

APPEAL TYPE:

☐ Appeal of Planning Commission decision

☐ Appeal of Community Development Director decision

PROJECT INFORMATION:

Project Type: _____ Project No.: _____

Project Address: _____

Date of Decision: _____

REASON FOR APPEAL:

State the reason or reasons why you are appealing the decision. Please be specific. Attach separate pages, if necessary.

APPELLANT SIGNATURE:

I certify that the information on this form is true and accurate to the best of my knowledge.

Wet-Signature: _____ Date: _____

FOR OFFICIAL USE ONLY					
Staff Name:		Receipt No.:		Date:	
Appeal Fee:		CDD Action		PC Action	