



# CITY OF RIALTO PLANNING COMMISSION APPEAL FORM

CITY CLERK'S DATE STAMP

1. A filing fee of **\$1,369.60** must accompany this Appeal Form. Check made payable to the City of Rialto.
2. Appeal Form and Filing Fee must be submitted to the City Clerk's Office within 15 days after the decision.

**RETURN TO:** **Rialto City Clerk's Office** Mail: 150 S. Palm Ave., Rialto, CA 92376 Address: 290 W. Rialto Ave., Rialto, CA 92376

## APPELLANT INFORMATION:

FULL NAME

ADDRESS

CITY, STATE & ZIP

( )

TELEPHONE NO.

( )

ALTERNATE TELEPHONE NO.

\_\_\_\_ APPLICANT \_\_\_\_ BONAFIDE AGENT \_\_\_\_ CITY DEPARTMENT \_\_\_\_ PROPERTY OWNER WITHIN 300 FEET

1. DATE OF PLANNING COMMISSION ACTION: \_\_\_\_\_

PROJECT LOCATION/ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

2. PLEASE INDICATE WHY YOU ARE APPEALING THIS DECISION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DO NOT WRITE IN THIS SPACE

Received by: \_\_\_\_\_

Set Public Hearing Date: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPELLANT OR AGENT

\_\_\_\_\_  
DATE