NOTE TO APPLICANT:

Please attach any supplemental documents to this form for submittal as part of your appeal.

Type of Appeal:	
☐ Appeal of Administrative Determination	Fees – Please Refer to Master Fee Schedule
☐ Appeal of Planning Commission Decision	
Appellant Contact Information:	
Name:Teleph	none Number:
Mailing Address:	
Signature:	_
Project Information (about the project for which	the appeal is being submitted):
Planning Commission Date:	
Planning Division File #:	
Property Address:	
Assessor's Parcel Number:	
evidence in the record. Attach additional pages if	necessary.
This section to be completed by City Sta	ff.
Date:	_
Receipt #:	
Check #:	

The East Palo Alto Planning Department Counter is open Monday – Friday From 1:00 p.m. – 4:00 p.m.
Telephone: (650) 853-3189 ** FAX (650) 853-3179

If you need assistance from the City Clerk's office, please call (650) 853-3127