

CITY OF MEDICINE HAT
NOTICE OF APPEAL: ENCROACHMENT POLICY

Pursuant to s.3.16 (d) Policy #0132 Encroachment Policy

Appellant Name: _____

Address of affected property: _____

I am the legal owner of this property or authorized agent.

Reason(s) for appeal:

I have enclosed the following materials in support of my appeal:

RPR or plan of property

Copy of my original encroachment application/request

Other relevant material(s) in support of my appeal

I can be contacted at:

Address: _____

Phone number(s): _____

E-mail Address: _____

I would like to be present at my appeal

Signature of Appellant(s) _____

_____ Date: _____

Submit your appeal to: Administrative Committee c/o City Clerk
City Hall 3rd Floor
580 First Street SE
Medicine Hat, Alberta T1A 8E6

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program of the City of Medicine Hat. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403-529-8234