Date: ____/____/____

2020 City of Lakeville

Notice of Appeal

Applicant Name: _____

Address _____

City _____ State _____ Zip_____

Phone No. _____ E-mail _____

Signature _____ _____

Please print Name

Description of Request / Section of City Code being appealed (please print or type)

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(Attach additional pages if necessary)

Planning Department

20195 Holyoke Ave - Lakeville, MN 55044 - www.lakevillemn.gov - Phone: (952) 985-4420 Fax: (952) 985-4499