

**NOTICE OF APPEAL  
DENIAL OF ENCROACHMENT PERMIT  
MUNICIPALITY OF ANCHORAGE  
PUBLIC WORKS DEPARTMENT  
\$960.00**

**FOR USE BY CLERK**

**Case Number:** \_\_\_\_\_

**Acceptance Date:** \_\_\_\_\_

**Hearing Date:** \_\_\_\_\_

**Decision:** \_\_\_\_\_

**A. Appellant's Name and Address**

1. Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone: \_\_\_\_\_

4. Relationship to action:

\_\_\_\_\_ Petitioner

\_\_\_\_\_ Agent of Petitioner. *Provide Name and address of petitioner*

*Name:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other person adversely affected

**B. Grounds for Appeal:**

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

I (we) hereby certify that I am (we are) qualified to make this appeal and that my (our) statement or cause and reason is true and correct to the best of my (our) knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_