

CITY OF DETROIT DEPARTMENT OF APPEALS & HEARINGS	CLAIM OF APPEAL	CITY DEPARTMENT CASE NO.:
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Address: 2 Woodward Avenue, Suite 1004 CAYMC, Detroit, Michigan 48226

Telephone No. 313-224-0098

Claimant Name, address and telephone no.
Attorney, bar no., address, and telephone no.

City of Detroit Department, address and telephone no.
Attorney, bar no., address, and telephone no.

1. The Claimant: _____ claims an appeal from an administrative decision entered by the City of Detroit Department of:

- Buildings Safety Engineering and Environmental (BSEED)
- Planning and Development Department (PDD)
- Water and Sewerage Department (DWSD)

2. The date of the administrative decision is:

3. The administrative decision involves the following section(s) of the Detroit City Code:

4. The **Right to Appeal Certificate** is attached.

5. A copy of the administrative decision appealed from is attached.

6. Payment of \$25 Administrative Appeal filing fee is due.

Date

Claimant/Attorney signature

Address

City, state, zip

Telephone No.