

Request Number: \_\_\_\_\_

3900 Riverside Road; PO Box 87  
Riverside, MI 49084  
Phone 269.849.0455  
Fax 269.849.2454

Filing Fee: \_\_\_\_\_

### Hagar Township

## APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION

1. Street Address and/or Location of Request: \_\_\_\_\_

2. Parcel Identification Number (Tax I.D. No.): # \_\_\_\_\_

3. Applicant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

4. Are You:  Property Owner  Owner's Agent  Contract Purchaser  Option Holder

5. Applicant is being represented by: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

6. Present Zoning of Parcel \_\_\_\_\_ Present Use of Parcel \_\_\_\_\_

7. Please use the lines below to state the reason(s) for the appeal:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The facts presented above are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type or Print Your Name Here: \_\_\_\_\_