



City of Helena

316 North Park Avenue Rm 405
Helena, MT 59623
Phone: 406-447-8458
FAX: 406-447-8442

Sidewalk Snow/Ice Removal Appeal Form

Appeal Instructions:

In order for an appeal to be submitted, this form must be completed in its entirety and submitted **within 15 days** from the date of the written notice. The person requesting the appeal must be the same person as on The written notice. The signature of requesting party must be present or appeal or the appeal **will not be** processed. Upon receiving the request, city staff will send confirmation that your appeal has been received using the Preferred Contact select below.

Contact Information

Name of Requesting Party: _____ Date: / /

Mailing Address:

City: _____ State: _____ Zip: _____ Phone: () - _____

Email: _____ Preferred Contact: Mail Email

Appeal Information

Case #: _____ Date on Written Notice: / / Amount Billed: \$ _____

Reason for Appeal:

SIGNATURE: _____ **DATE:** / /

APPEAL WILL NOT BE PROCESSED WITHOUT A SIGNATURE

OFFICE USE ONLY

Date Received by Code Enforcement:

Date Received by City Manager:

DATE & TIME OF APPEAL: / /

Appeal Notes:

Circle all that Apply.

Decision:

APPROVED

DENIED

Cost to Clear Waived:

YES

NO

Penalty Waived:

YES

NO

TOTAL AMOUNT DUE: \$ _____

SIGNATURE: _____

DATE: / /