

APPEAL NOTICE

(If you want to appeal the Direction you must serve this Appeal Notice by mailing or delivering it to the Village of Myrnam within 14 days after the Direction was served on you)

DATED: _____	
TO: VILLAGE OF MYRNAM 5007 – 50 STREET P.O. Box 278 Myrnam, AB T0B 3K0	
I am appealing the Direction (_____), about (Date on Directive)	
_____ (Property Address)	
You must give reasons for you appeal: _____	

(Use a separate sheet if necessary)	
_____ Signature	_____ Name Printed
_____ Street Address	_____ Mailing address
_____	_____
_____	_____
NOTE: ONLY appeals filed WITHIN THE 14 DAY PERIOD will be heard by Council. You will be notified by mail of the hearing date.	