

Service of notice

Note: The applicant must serve a copy of this Application for Review on the municipality at least 15 business days before the hearing. The hearing may proceed if the other party has been served and does not appear.

Contact Information:

Applicant: _____ Other party: _____

Mailing Address: _____ Mailing Address: _____

Telephone No.: _____ Telephone No.: _____
(home) *(home)*

(work) *(work)*

Fax No.: _____ Fax No.: _____

Dated this _____ day of _____, 20 _____.
(day) *(month)*

(Applicant's Signature)

Received on _____
(year, month, day)

A hearing is set for _____
(year, month, day, time)

at: _____
(place) *(street address)* *(city/town)*

Signature of Clerk of the Court