



## APPEAL OF DECISION OF IMPACT FEE ADMINISTRATOR

**Name of Developer/Fee Payer:**

**Address:**

**Phone Number:**

**Fax Number:**

**Email:**

**Date of the Decision:**

**Decision Appealed:**

**GROUNDS FOR THE APPEAL:**

**Provisions of the Impact Fee Ordinance Relevant to this Appeal:**

1.

2.

3.

4.

**Facts Not Considered in the Impact Fee Administrator's Decision:**

**Arguments in Support of the Appeal:**

**Developer/Fee Payer Signature:**

**Date:**

**ACHD use:**  
Date received:

*Additional information may be attached. See Section 7321 of ACHD Impact Fee Ordinance 222 for more information.*