# NOTICE OF APPEAL OF ADOPTED RULE

**NOTICE OF APPEAL OF ADOPTED RULE** **APPEAL DATE:_____**

**PERSON APPEALING THE RULE**

NAME: _____
MAILING ADDRESS: _____
_____
TELEPHONE NUMBER: _____

**RULE BEING APPEALED**

RULE NO.: _____
RULE ADOPTION DATE: _____

## REASON ADOPTED RULE SHOULD BE MODIFIED OR WITHDRAWN

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**An appeal must be received by the Office of the City Clerk not later than the 30th day after the date that the notice of rule adoption was posted by the Office of the City Clerk. Please return completed form to Office of the City Clerk, 301 W 2nd St, Suite 1120.**