

Notice of Appeal

I. Appellant _____ Address _____

Telephone _____

Is the Appellant represented by an Attorney? Yes ____ No ____

If yes, please list the name, address, and phone number of attorney for Applicant:

NOTE: An individual landowner may represent himself/ herself before the Coventry Zoning Board of Appeal. In any other case, the services of an attorney are required for an appearance on behalf of any person, partnership, corporation, LLC or other business, social or fraternal organization.

In the Matter of: _____

Date Decision Granted: _____

Date Decision Recorded: _____ Book & Page of Recorded Decision: _____

What Is the Reason You Are Appealing the Decision? If there is not room provided below please attached a memo.

II

Appellant(s) Signature

Date

Date

Date

All appeal must be sent certified mail or hand delivered to the Zoning Clerk Kerrie Karwoski at 1675 Flat River Road Coventry, RI 02816. The filling fee of \$200.00 must be submitted at that time.