

Application Name _____

Application Number _____

**City of Pontiac
Medical Marihuana Facility Permit Application
Hearing Officer Appeal Form**

Appellant Name (Applicant)		Address	
City	State	Zip Code	
Appellant's Representative or Contact Person for Purposes of Appeal			
Phone Number		Email Address	

Written Statement of Appeal

***If You Require Additional Space, You May Attach An Addendum, All Attachments To This Appeal Form Should Be Clearly Labeled With Your Appellant (Application) Name and Application Number; Failure To Properly Label Attachments May Result In Your Appeal Being Delayed.**

Appellant Representative or Contact Person

Print Name _____ Signature _____ Date _____