

APPEALS BOARD APPLICATION
Lake County Department of Utilities

Application is hereby made for additional review of a decision, determination or requirement of the Department of Utilities.

Name: _____

Address: _____

Phone: _____

Fax: _____

Contact: _____

Detailed explanation of request for appeal:

Please attach any additional information that will be helpful in explanation of the appeal.

I hereby certify the statements made herein are true to the best of my knowledge.

Signature of Applicant

Date: _____

Received by: _____

Date: _____

Submit form to: Lake County Department of Utilities Board of Appeals
105 Main St.
P.O. Box 490
Painesville, OH 44077
Attn: Jolene Ball