

APPEALS PROCESS - TOWN OF LAKE LUZERNE WATER BOARD

NAME AND TELEPHONE NO.

MAILING ADDRESS

Name, address and telephone no. of representative of owner, if representative is filing application.

PROPERTY IDENTIFICATION:

Street address: _____

Tax Map Number: _____

Type of Property: One Family Residence _____ Commercial _____
Multiple Family Residence _____ Mobile Home Park _____
Other Type _____

Outline your complaint here (Attach additional sheets if necessary)

PAGE 2. COMPLAINT

DESIGNATION OF REPRESENTATIVE TO MAKE COMPLAINT:

I, _____, HEREBY DESIGNATE
_____ TO ACT AS MY REPRESENTATIVE TO THE WATER BOARD
OF THE TOWN OF LAKE LUZERNE FOR THE PURPOSE OF PRESENTING AN
APPEAL REGARDING THE ISSUE/COMPLAINT DESCRIBED HEREIN.

DATE: _____

SIGNATURE OF OWNER: _____

CERTIFICATION: I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein

Signature of Owner/representative

Water Board

Decision:

ROLL CALL VOTE: COUNCILMAN SHIEL____ COUNCILWOMAN
PERRY____ COUNCILMAN DIEHL____ COUNCILWOMAN TRACKEY____
SUPERVISOR BENNETT_____.