City of Hot Springs

APPELLANT INFORMATION:

Name of Appellant: _____

Address of Appellant: _____

Mailing Address: _____

City, State, Zip _____

Daytime Phone: _____

_____ _____

Applicant's Signature Date

Appellant Complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____