

BAILY ROAD AND CHURCH LANE
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YEADON, PA 19050



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BOROUGH OF YEADON APPEALS FORM

Name (appellant): _____ Case #: _____

Mailing Address: _____

Telephone Number: _____ Assessor Parcel No. _____

Address of Violation: _____

ALL APPEALS MUST BE FILED WITHIN TWENTY (20) DAYS FROM THE DATE THE VIOLATION/
CITATION WAS ISSUED

PLEASE SUPPLY 2 SETS OF DOCUMENTS TO SUPPORT YOUR CLAIM, SUCH AS PHOTOS,
DIAGRAMS, COPIES OF PERMITS, AND TESTIMONY OF WITNESSES.

REASON(S) FOR APPEAL: _____

You are entitled to have legal representation at the Appeal Hearing.

My attorney will not be present.

My attorney will be present. Attorney name: _____ Phone: _____

Number of witnesses to appear at the hearing on your behalf: _____

I declare under penalty of perjury that the foregoing statement and information provided by me is correct.

Signature (Appellant): _____ Date: _____

Appellant will be notified of time, date and location of the hearing by first class mail. Please mail or drop
Appeal, supporting documentation to; or apply in person

Yeadon Borough Hall Code Enforcement
600 Church Lane 3rd Floor
Yeadon, Pa 19050

BOROUGH USE ONLY

Date Appeal Received: _____ Received by: _____