



TISH Appeal Application

The Truth in Sale of Housing Supervisor will rule on all appeals utilizing this application.

Applicant Name: _____ Phone: _____

Applicant Address: _____

Address of subject property: _____

TISH Evaluator Name: _____

Provide an explanation of the appeal and please be as specific as possible as to why this appeal is being submitted:

Attach all necessary information to explain the appeal.

Appeals must be submitted within thirty (30) days from the date of the initial inspection. The official receipt date of the appeal is the date when all necessary information has been submitted to the city. The Truth in Sale of Housing Supervisor shall rule on the appeal within three (3) business days of the official receipt date of the appeal. The decision of the Truth in Sale of Housing Supervisor shall be final.

Signature of Applicant

Date

For office use only – Initial receipt date:

Date all submittals received:

Appeal Approved _____ Appeal Denied _____ By _____ Date _____