



City of Newport

Department of Code Enforcement

998 Monmouth Street
Newport, Kentucky 41071-2115
Phone: (859) 292-3637
Fax: (859) 292-3663
TDD: (859) 292-3622

CITATION APPEAL

Name:
Address:
Email:
Phone:
Citation#:
Date Of Citation (must be within 10 days):
Property Location Cited:

If you are an IIC, incorporated company or a trust, you must be represented by an attorney at the hearing.

I APPEAL THE ABOVE CITATION ON THE FOLLOWING GROUNDS:

Date: _____

Signature: _____

STAFF ONLY DO NOT WRITE BELOW THIS LINE

Your appeal hearing has been scheduled for _____, 20____ at 5:00 p.m. at the Newport Municipal Building, 998 Monmouth Street, 1st-floor multi-purpose room. An attorney may represent you at this hearing, and you have the right to present evidence and witnesses. If you are an LLC, you must be represented by an attorney.

I certify that a copy of the above was served to the above appellant in accordance with the City of Newport Ordinance by (1) personal delivery, or (2) leaving a copy at the address above with an adult resident who was informed of the contents; or (3) by posting a copy in a conspicuous place on the premises and mailing a copy of the citation by regular first class, certified mail, return receipt requested.

Signature of Clerk: _____ **Date:** _____