



**PETITION OF APPEAL TO THE CITY COUNCIL**  
**REGARDING A STAFF DECISION**

Request is hereby made by the following persons who claim to be directly or indirectly adversely affected by decision of the staff in the matter of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grounds upon which this appeal is based are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The City Council is hereby asked to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_

(Attach other names and addresses if needed)

\_\_\_\_\_

Date Filed: \_\_\_\_\_ Receipt No. \_\_\_\_\_ By: \_\_\_\_\_

Petition of Appeal must be accompanied with the fee of \$1,500.00 made payable to the City of Indio and mailed to the following address:

City of Indio  
100 Civic Center Mall  
Indio, CA 92201  
(760) 391-4120