

CITY OF GLYNDON  
State of Minnesota  
County of Clay

**NUISANCE ORDINANCE APPEAL FORM**

Please read the following:

I understand that this administrative review involves no court appearance and this form, and my explanation will be reviewed independently by the Glyndon Appeal Committee.

I understand if this administrative review is denied, I am obligated to pay base fine within seven (7) days of notice of denial or late fees will start to accrue.

I understand I will be notified of the status of this appeal either by e-mail, US mail or in person.

**EXPLANATION**

I, \_\_\_\_\_, present the following information as an explanation or defense to  
*(Please Print Your Name)*

the nuisance violation letter received:

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(E-mail Address – Please Print Clearly)*

\_\_\_\_\_  
*(Phone Number)*

**Administrative Review (please do not write in this section)**

Reviewed By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Appeal is: Denied / Granted

Date: \_\_\_\_\_

Appeal is denied for the following reasons:

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