

**GARRETT COUNTY DEPARTMENT OF PLANNING AND LAND DEVELOPMENT
LICENSING AND ENFORCEMENT OFFICE**

TRANSIENT VACATION RENTAL UNIT REQUEST FOR APPEAL

Rental Property Address: _____

Development: _____

Tax Map: _____ Grid: _____ Parcel: _____ Lot No. _____

Type of Ownership: Individual Partnership Corp. LLC Other: _____

Owner/s/:

	Name	Address	Phone	E-Mail
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Local Management Agency	Address	Phone	
_____	_____	_____	<input type="checkbox"/> No Agency used

I hereby request an appeal from the decision of the Licensing and Enforcement Manager.
Information to support this appeal are as follows:

CERTIFICATION: *I certify under the penalties of perjury, that all information contained herein and in the attached documents are true and correct to the best of my knowledge.*

OWNER SIGNATURE

DATE

***Cost of Appeal - \$150.00
Make checks payable to the Garrett County Commissioners***