

IN THE MUNICIPAL COURT FOR THE CITY OF BEND,
DESCHUTES COUNTY, STATE OF OREGON
555 NE 15th St., Bend, Oregon 97701
(541) 388-5572 Option #9

CITY OF BEND,
Plaintiff

vs.

Defendant

CASE NO. _____

- NOTICE OF APPEAL or
 REQUEST FOR VARIANCE
OF CIVIL EXCLUSION

PLEASE PRINT LEGIBLY:

Name	Date of Birth
Address	City, State Zip
Driver's License/State	Phone Alternate Phone

I have been issued a Notice of Exclusion _____ Pursuant to Bend City Code Section 5.40.035,

I appeal the exclusion for the following reason(s): _____

Attach additional pages if needed.

I request a variance from the exclusion for the following period(s) of time:

and for the following reason(s) listed in Bend City Code 5.40.035C: _____

Attach additional pages if needed.

I declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Signature

Date