





Property Maintenance Appeals Board

Application for Administrative Hearing

1. Appellant's(s') name,	address, email address, and	d phone number:	
2. Address of property s	ubject to this appeal:		
		Kansas City, MO	(Zip Code
3. Appellant's legal inter	rest in this property (e.g., o	wner or agent):	
are protesting. Include	rief statement, using ordina any material facts you feel d, use another sheet, and a		order or action you
5. Name, address and p	hone number of legal cour	nsel (if applicable**):	
Optional Information	Requested:		
Date of Birth:	Race:	Sex: Male Female	
fee, must be submitte	d to the Property Mainte	pleted form and the \$50 non-refun nance Appeals Board within 10 day s of the date of the legal notice s	s of the date of the

waiver of your rights to an administrative hearing and adjudication of your complaint.

*Pursuant to Section 56-342 of the property maintenance code, only those matters or issues specifically raised by you will be considered at the hearing.

** If you will not be present at the appeal hearing but will be represented by an agent, your agent must present an affidavit signed by you authorizing him or her to represent you before the PMAB. If you wish to do so, you must complete the "Owner's Affidavit Designating Agent" form provided by this office for such purpose. This form may be obtained from PMAB@kcmo.org.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM AND ATTACHMENTS, IF ANY, ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature:		Date [.]	
Jigilatare	Appellant or Agent	Dutc	

Please return the completed form and the \$50.00 application fee to the; Property Maintenance Appeals Board, 414 E. 12th St, 4th Floor Kansas City, Missouri, 64106, or via email at PMAB@kcmo.org. The application fee must be paid at the time of application. The fee can be paid online at payment kiosks inside City Hall.

Applications submitted online must attach a copy of their photo ID, front and back.

Neighborhood Staff Use Only			
PMAB Case No.:			
Date filed:			
Invoice#	_ PAID Date :		
Received By:	Check ID		