



CITY OF DEARBORN

PROPERTY MAINTENANCE & DEVELOPMENT SERVICES DEPARTMENT
NEIGHBORHOOD SERVICES/SANITATION DIVISIONS
16901 Michigan Avenue Suite 8
Dearborn, MI 48126

PROPERTY MAINTENANCE APPEALS APPLICATION

An invoice was prepared for services performed for non-compliance with the City of Dearborn’s property maintenance standards and nuisance ordinances. Property maintenance appeal eligibility requires:

- A Property Maintenance Appeals Application must be completed and submitted within 21 days of the invoice date.
- The property owner must otherwise be in good standing with the City of Dearborn (no delinquent obligations, taxes, water bills, etc.).
- The property owner has not appealed another invoice within the same calendar year (only one appeal is allowed per property per year).

If you meet these criteria and want to dispute an invoice for services performed, please *completely* prepare and submit the information below. You will be contacted with notice of the hearing date and/or rejection of your appeals application via your preferred notification type (email or first-class mail). **You do not need to attend the hearing for your appeal to be heard before the Waiver Committee.**

Please be advised a representative from the Neighborhood Services Division will attend the hearing with the following documentation:

- Property Maintenance History (history of code enforcement activity at your property)
- Before and After Photos of Services Performed
- Documentation of the Contractor’s Cost and City Administrative Fees

Once the Property Maintenance Appeals Application has been submitted and accepted, the accrual of fees and penalties will be suspended until the time a decision is reached by the Committee. If your appeal is denied, you will be responsible for all fees and penalties accrued from the date of the invoice.

APPLICANT INFORMATION

NAME: _____ PROPERTY ADDRESS: _____

PHONE: _____ EMAIL: _____

INVOICE #: _____ CUSTOMER ID: _____ SERVICE CODE: _____

INVOICE AMT \$: _____ SERVICE DATE: _____ INVOICE DATE: _____ DUE DATE: _____

HEARING NOTICE/DECISION NOTIFICATION PREFERENCE: FIRST-CLASS MAIL EMAIL

REASON FOR INVOICE DISPUTE (Attach any supporting documents and write on the back of this application if necessary):

SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

<input type="checkbox"/> RELIEF GRANTED	AMOUNT \$ _____	DATE: _____
<input type="checkbox"/> PARTIAL RELIEF GRANTED	AMOUNT \$ _____	
<input type="checkbox"/> RELIEF DENIED		SIGNATURE: _____