



Risk Reduction

A division of the

Manhattan Fire Department

Scott French, Fire Chief

2000 Denison Ave. ♦ Manhattan, KS 66502 ♦ 785-587-4506 ♦ Emergency Dial 911

Housing Appeals Board Hearing Application Form

Date of Application: _____ Date of Inspection: _____

Subject Property Address: _____

Applicant Name: _____

Address: _____

Phone: _____

E-mail: _____

\$40 filing fee required.

Specific Request:

Grounds for appeal are required in order for application to be processed. Besides owner statements, grounds may also include items such as structural and architectural reports, statements of previous owners or contractor estimates. Additional information may be attached if necessary.

Signature of Applicant:

X _____

For Office use only:

Receipt # _____

Date of HAB Board
meeting: _____