

1. File Number of Decision being appealed: _____

2. Date of Receipt of Notification of Rights Package: _____

3. Provide a detailed, exhaustive explanation of how the Appellant's rights will be injured or prejudiced by the Monroe County Board of County Commissioners' (BOCC) or the Monroe County Sheriff's Office's (MCSO) action:

4. Provide a detailed, exhaustive explanation of when and how the Appellant received notice of the MCSO's or BOCC's action:

5. Exhaustively provide and detail any and all material facts the Appellant disputes and, if so, exhaustively provide and detail all disputed material facts:

6. Exhaustively provide and detail any and all ultimate facts Appellant alleges forms the basis of Appellant's claim for relief, including a statement of the specific facts Appellant alleges warrants reversal or modification of the MCSO's or BOCC's action:

7. Specifically and exhaustively identify all ordinance(s), statutes, and/or administrative rules materially relevant to the basis of the Appellant's appeal of the MCSO's or BOCC's action:

8. Exhaustively explain how the alleged facts (see #6) relate to the specific ordinances, statutes, or administrative rules (see #7) stated above:

9. Exhaustively state Appellant's relief sought:

All of the following must be submitted in order to have a complete application submittal:

(Please check as you attach each required item to the application)

- Completed application form (unaltered and unbound)
- Application fee (check or money order payable to the Monroe County Planning & Environmental Resources Department) estimated amount of one-half (1/2) of the cost for the Hearing Officer. This estimated amount shall be determined by the County Attorney's Office in advance of application submittal and shall be deposited with the application fee (10-hour minimum estimate). Upon conclusion of the proceeding(s), the County shall determine the total, final cost(s) of the Hearing Officer. In the event that 1/2 of the total cost for the Hearing Officer is less than the estimate provided, applicable funds will be returned to the appellant. In the event that 1/2 of the total cost for the Hearing Officer is more than the estimate provided, the appellant shall be responsible for submitting the additional fee(s) to Monroe County.

If applicable, the following must be submitted in order to have a complete application submittal:

- Agent Authorization form (*required if application is submitted on behalf of another party*)

* * * * *

By signing this application, the Appellant attests and certifies that he, she, or they is/are a person who is personally familiar with the information contained in this application to appeal, and that based upon his, her, or their personal knowledge, the information the Appellant has provided is complete, true and accurate.

Printed Name of Appellant: _____

Signature of Appellant: _____

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on this ____ day of _____, 20__,

by _____ (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.

Notary Public
My Commission Expires

**Please submit or send the application package to:
Monroe County
Planning and Environmental Resources Department
Marathon Government Center
2798 Overseas Highway, Suite 400
Marathon, FL 33050**