

**APPEALS FORM**

FORM CGSAPF 1

Serial no: AP/..... /.....



**COUNTY GOVERNMENT OF SIAYA**

**DEPARTMENT OF LANDS, PHYSICAL PLANNING, HOUSING AND URBAN DEVELOPMENT**

**APPEALS PANEL OF THE SIAYA COUNTY LAND ADMINISTRATION AND MANAGEMENT COMMITTEE**

**DECISION REVIEW REQUEST**

**i). Personal Information**

Name:.....

Telephone:.....

Land parcel no/plot no: .....

Postal Address:.....Email.....

**ii). Appeals**

Reasons for appeal against repossession

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**iii). Attachments ( where necessary)**

- Copy of Lease Certificate
  - Rates Clearance Certificate for 2021
  - Rates payment receipts
  - Approved building plans
- Others:
- .....
  - .....

**iv). Certificate and Signature**

I certify that the statements on this form are true and correct to the best of my knowledge and belief

<p><b>Name:</b> .....</p> <p><b>Date:</b> .....</p> <p><b>Signature:</b> .....</p>
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**v). Additional Information (where applicable)**

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**vi). Official section:**

**Appeal date:** .....

**Appeals Panel remarks:**

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**Dated this..... day of.....20.....**

**Chairperson Appeals: .....**

**Joint Secretary: .....**