



Notice of Appeal

This form is used to file an appeal of an order, notice, decision, determination, or ruling by the Allegheny County Health Department. Please complete this form (use additional pages as necessary). If more than one person or entity is filing this appeal, please attach a separate form for each additional appellant. **A copy of the order, notice, decision, determination, or ruling must be attached to the Notice of Appeal.**

Name Marvin Taliferro
Mailing Address 111 Westward Ho Dr
City Pittsburgh State PA Zip 15235 Email Tariff29@gmail.com
Phone 412-420-4090 Fax (optional) _____

If you are represented by an attorney, please provide contact information for your attorney:

Name _____
Mailing Address _____
City _____ State _____ Zip _____ Email _____
Phone _____ Fax (optional) _____

Describe your objections to the Department's actions and a statement describing the relief you want the Hearing Officer to grant. (The objections may be factual or legal and must be specific. If you fail to state an objection here, you may be barred from raising it later in your appeal. Use additional pages if necessary.)

I have already paid for 3 dumpsters which I have receipts for I complied in every way I can, there is a legal process of getting this tenant out of there and I feel the penalty is unfair, being that I had cleared the property and he had threw more garbage back there. Ken Goldsmith who this complaint was originally sent to and then somehow got diverted to me

By filing this Notice of Appeal with the Allegheny County Health Department, I hereby certify that the information submitted is true and correct to the best of my information and belief.

Signature [Signature] Date 7-28-2022

Appeals should be submitted in person or by mail to:
Allegheny County Health Department
Attention: Hearing Officer
542 4th Avenue
Pittsburgh, PA 15219