



EXCEPTION FORM

Jackson/Teton County Affordable
Housing Department

Please submit this form along with \$25.00 fee to the Housing Department

Date Submitted _____
Name of Applicant(s) _____
Address _____
Phone _____ Email _____
Name and contact information for complainant's representative _____

Grounds upon which exception is based _____

Action or remedy requested _____

Please attach proof that exception has been reviewed and approved by Homeowner's Association if applicable. Also attach any documentation that you would feel helpful to the Housing Department in making a decision.

Applicant Signature

Applicant Signature

Please attach extra pages if more space is needed

For Housing Department use only

Date Received