

ZONING BOARD OF APPEALS

Phone: 508-321-4890 | zoning@medwayma.gov
[Zoning Board of Appeals](#) | [Town of Medway](#)

TO BE COMPLETED BY THE APPLICANT

Please attach any and all materials submitted to the Town Board or Official with respect to the decision or denial you are appealing.

Date of Decision and/or Denial:	Application Request(s): Reversal of Decision and/or Denial Modification to the Decision Direct Issuance of a Permit Direct the Enforcement of a Section of the Zoning Bylaw
Board or Official who made Decision and/or Denial:	
Applicant(s):	
Evidence to support grant of appeal (use attachments if necessary):	
How are you aggrieved by the decision or denial?	

Date _____