

FEE: \$ \_\_\_\_\_

COSTA MESA, CALIFORNIA  
P.O. BOX 1200  
COSTA MESA, CALIFORNIA 92626  
**APPLICATION FOR APPEAL OR REHEARING**

Applicant Name: Mayor Pro Tem Gary Monahan

Address: 77 Fair Drive, Costa Mesa, CA 92626

Phone: (714) 754-5192 Representing: \_\_\_\_\_

Decision upon which appeal or rehearing is requested: (Give number of rezone, zone exception, ordinance, etc., if applicable, and the date of the decision, if known.) Appeal of Public Hearing on

Establishing the Emergency Medical Services Subscription Fees

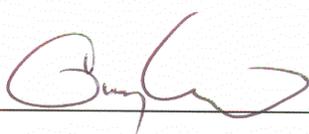
\_\_\_\_\_ Decision by: \_\_\_\_\_

Reason(s) for requesting appeal or rehearing:

Necessary information was not provided in the staff report. Questions arose from the Council Members after the April 19, 2005 Council meeting.

RECEIVED  
CITY CLERK  
05 APR 25 PM 1:37  
CITY OF COSTA MESA  
BY \_\_\_\_\_

Date: 4-25-05

Signature: 

\_\_\_\_\_  
For Office Use Only - Do Not Write Below This Line  
SCHEDULED FOR THE CITY COUNCIL/PLANNING COMMISSION MEETING OF:

[Attachment: April 19, 2005 EMS Staff Report](#)