

**BEFORE THE HEARING EXAMINER
CITY OF SEATTLE**

In the Matter of the Appeal of

[APPELLANT’S NAME]

from a decision issued by the Director,
Department of _____

Hearing Examiner File:

___-__-__ (___)

**MOTION TO INTERVENE
SOLELY TO PRESERVE
RIGHT TO APPEAL**

Pursuant to Hearing Examiner Rule (“HER”) 3.09, [name], asks that the Hearing Examiner grant [him/her/it] intervenor status in this matter for the sole purpose of preserving [name’s] right to appeal the Examiner’s decision.

[Name] [has a substantial interest in/is affected by] the matter appealed as follows: [Explain the substantial interest or how the appeal will affect you]. However, [name] has not filed a separate appeal.

Dated this ___ day of _____, 20__.

[Name]

[Contact information]