## **GENERAL APPEAL FORM**

It is not required that this form be used to file an appeal. However, whether you use the form or not, please make sure that your appeal includes all the information/responses requested in this form. An appeal, along with any required filing fee, must be received by the Office of Hearing Examiner, not later than 5:00 p.m. on the last day of the appeal period or it cannot be considered. Delivery of appeals filed by any form of USPS mail service may be delayed by several days. Allow extra time if mailing an appeal.

## **APPELLANT INFORMATION** (Person or group making appeal)

1.	Appellant:		
	<u>If several individuals are appealing together</u> , list the additional names, addresses, and number on a separate sheet and identify a representative in #2 below. <u>If an organization is appealing</u> , indicate the group's name, addresses, and numbers here and identify a representative in #2		
	below.		
	NameAddress		
		Home:	
	Email Address:		
	In what format do you wish to receive documents from the Office of Hearing Examiner?		
	Check One: U.S.	MailEmail Attachment	
	NameAddress		
		Home:	
	In what format do you wish to receive documents from the Office of Hearing Examiner?		
	, , ,	Mail    Email Attachment	
)ECI	SION BEING APPEALE		
LCI		mental File or Reference #.):	
1		mental Phe of Reference #.).	
1.			
<ol> <li>2.</li> </ol>		to decision being appealed:	

## **APPEAL INFORMATION**

Answer each question as completely and specifically as you can. Attach separate sheets if needed and refer to questions by number. 1. What is your interest in this appeal? (State how you are involved or affected by it)

2.	What are your objections to the issue being appealed? (List and describe what you believe to be the errors, omissions, or other problems and issues involved.)
3.	What relief do you want? (Specify what you want the Examiner to do: reverse the decision, modify conditions, etc.)
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Deliver or mail appeal and appeal fee to:

City of Seattle MAILING

Office of Hearing Examiner **ADDRESS:** 

P.O. Box 94729

Seattle, WA 98124-4729

SEATTLE MUNICIPAL TOWER PHYSICAL **ADDRESS:** 

Date\_\_\_\_

700 5<sup>th</sup> Avenue, Suite 4000

40<sup>th</sup> Floor

Seattle. WA 98104

Note: Appeal fees may also be paid by credit or debit card over the phone (Visa or MasterCard only).

Phone: (206) 684-0521 www.seattle.gov/examiner