



**APPEAL OF
ADMINISTRATIVE DECISION
TO HEARING EXAMINER**

OFFICIAL USE ONLY		
Case #: _____	Master File #: _____	Date: _____
Received By: _____	Project Planner: _____	Related Cases: _____

APPELLANT:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number(s): _____

E-Mail Address: _____

REPRESENTATIVE OR ATTORNEY:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number(s): _____

E-Mail Address: _____

I hereby appeal the administrative (staff) decision described below for those reasons stated herein and as attached hereto, and seek the relief and remedies as stated. I understand that this appeal is not complete without payment of the required filing fee. I understand that this appeal will be considered pursuant to the authority and provisions of Olympia Municipal Code 18.75.020 and 18.75.040.

Filing Fee: \$1,000.00

DECISION APPEALED:

Case Name: _____ Decision Maker: _____

Case Address: _____ Date of Decision: _____

Case No.: _____

COPY OF DECISION APPEALED IS ATTACHED: YES NO

