



# Appeal of an Administrative Determination

6000 Main St. SW, Lakewood, WA 98499

Phone: (253) 512-2261

FEE: \$450.00

TECHNOLOGY FEE: \$9.00

Appellant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Filing Date: \_\_\_\_\_

I wish to appeal an administrative determination rendered on \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_, relating to (permit no. and/or description) \_\_\_\_\_

to the City of Lakewood Hearing Examiner.

After reviewing and considering the decision and the reasons given by the administrative official for the decision, I allege the following errors in the decision: \_\_\_\_\_

(attach additional sheets if more space is needed)

I ask that the Hearing Examiner, being duly authorized by Section 1.36.110 of the Lakewood Municipal Code to review administrative decisions, review the record of this matter and the allegations contained in this appeal, and find in my favor and reverse the administrative decision.

\_\_\_\_\_  
 Signature of Appellant

Received at the City Clerk's Office on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Fee paid: \_\_\_\_\_ Receipt no. \_\_\_\_\_