



**City of
Lakewood**

**Appeal of an Administrative
Determination**

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. _____