

**PUBLIC HEALTH AND  
SOCIAL SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
3000 Pacific Avenue SE  
Olympia, WA 98501  
(360) 867-2633 TTY/WA Relay 711 or 1-800-833-6388**



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**EXPEDITED REQUEST FOR APPEAL**

DATE: \_\_\_\_\_

This Application is a request for appeal before the Administrative Hearings Officer. A complete application and fees must be filed within 3 calendar days of service of the order. A copy of the order being appealed must be attached and submitted with this form.

\_\_\_\_\_ Closure Order Dated \_\_\_\_\_; (see fee schedule)

**Appellant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Permit Application Information: (If different Than Appellant)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Property Owner Information: (If different Than Appellant)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Project Information:**

Permit Type: \_\_\_\_\_ Project # \_\_\_\_\_

Property Tax Parcel Number: \_\_\_\_\_

Property Legal Description: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(An attached legal description is acceptable **OR** refer to existing submissions if already part of the permit application.)

**---- Continued on the Reverse Side ----**

State how the appellant is aggrieved and has standing to request a hearing:

Explain the nature of the dispute or reason for the hearing request:

State what relief or remedy is requested:

**Appellant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Receipt Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ By: \_\_\_\_\_