



COUNTY COMMISSIONERS

Carolina Mejia  
District One

Gary Edwards  
District Two

Tye Menser  
District Three

**PUBLIC HEALTH AND  
SOCIAL SERVICES DEPARTMENT**

David M. Bayne,  
MPH Director  
Dimyana Abdelmalek, MD,  
MPH Health Office

**REQUEST FOR APPEAL TO THE  
THURSTON COUNTY BOARD OF HEALTH**

This Application is a request for appeal of an Administrative Hearing Decision. This appeal is scheduled before the Board of Health and **requires a \$1,115.00 non-refundable fee.** The appeal must be filed within 15 days of the date of the Administrative Hearings Officer decision and a hearing before the Board of Health will be held within 50 days of the date the appeal was filed. All documents will be filed with the Hearing Clerk, please contact the clerk at 360-867-2644.

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

**Party of Record Information:**

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

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

Appeals to the Board of Health are closed record hearings. **The appeal application, memorandum, and other materials shall not include any new evidence and shall be based only upon facts presented to the hearing officer.**

The following information must be submitted for appeals before the Board of Health:

- Complete Application
- Appeal fee of \$1,115.00 (non-refundable)

Environmental Health Division – Onsite, Drinking Water & Landuse  
3000 Pacific Ave SE, Suite 225, Olympia WA, 98501-8809  
(360) 867-2633 FAX (360) 867-2660 TTY/WA Relay 711 or 1-800-833-6388  
Environmental\_Health@co.thurston.wa.gov

State how the appellant is aggrieved and has standing to appeal:

Concisely state the issues being appealed, stating the specific exceptions and objections to the hearing officer's decision being appealed. Reference the provisions of the hearing officer's decision which are being appealed, citing the specific section(s), paragraph(s) and page(s):

State the specific relief requested:

If you wish to submit a written memorandum for consideration by the Board of Health, it must be submitted along with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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