

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



**ARTICLE II
ADMINISTRATIVE HEARING RESULTING FROM EXCESS DEMERIT POINTS**

This application is for a hearing regarding a food service establishments excess demerit points. Complete the application, provide information as requested below and submit to our office with the appropriate fee.

DATE: _____

_____ Administrative Review of Excess Demerit Points; non-refundable fee (see fee schedule)

Requestor's Information:

Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Permit Applicant's Information: (if different from requestor's information)

Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Property Owner's Name and Mailing Address:

Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Food Service Establishment Information:

Establishment Name: _____
Establishment Address: _____
City: _____ State: _____ Zip Code: _____

Receipt Date: _____ Fee Paid: _____ Receipt No.: _____ Received By: _____