



APPEAL TO THE HEARING EXAMINER

210 W. 6th Ave ● PO Box 6108
Kennewick WA 99336

THIS FORM MUST BE FILED AND RECEIVED BY THE CITY OF KENNEWICK WITHIN THE 30 DAY APPEAL PERIOD

Date Submitted: _____	<input type="checkbox"/> \$250.00 Appeal Fee	Received by _____
Case Number: _____	Property Address _____	
Property Parcel Number: _____		
Property Owner Name: _____		

1. Appellant

If multiple parties file a single petition for review, list the additional names, addresses, phone numbers, and signatures on a separate sheet and designate one party as the contact representative in #2 below.

Appellant Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:		

Signature _____
By signing you indicate you have a legal standing to file an appeal

2. Authorized Contact Representative

Name of representative if different from the appellant indicated above.

Representative Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:		

Signature _____
By signing you indicate you have a legal standing to file an appeal

APPEAL INFORMATION

What are your objections to the issue being appealed? List and describe what you believe to be the errors with the Building Officials decision.