

## CITY OF REDMOND REQUEST FOR RECONSIDERATION FORM

(Staff Use Only)
File No:
Date Received:

This Request for Reconsideration form is for City of Redmond Hearing Examiner decisions and recommendations only.

Any person who participated in the hearing (Party of Record) may file a written request with the Hearing Examiner for reconsideration within 10 business days of the date of the Hearing Examiner's decision or recommendation. The request shall explicitly set forth alleged errors of procedure or fact. The Hearing Examiner shall either deny the request or issue a revised decision in accordance with RZC 21.76.

Requests for Reconsideration may be delivered to the Office of the Hearing Examiner by email, mail, personal delivery or by fax before 5:00 P.M on the last day of the reconsideration period.

City of Redmond Office of the Hearing Examiner Contact Information:

Mailing Address:
Office of the Hearing Examiner
P.O. Box 97010, 3NFN
Redmond, WA 98073

Personal Delivery: City Hall, 2<sup>nd</sup> Floor Customer Service Center C/O City Clerk's Office 15670 NE 85<sup>th</sup> Street Redmond, WA 98073

**Phone:** 425-556-2191 **Fax:** 425-556-2198

Email: <a href="mailto:cdxanthos@redmond.gov">cdxanthos@redmond.gov</a>
Web: <a href="mailto:http://www.redmond.gov">http://www.redmond.gov</a>

## Section A. General Information Name of Party of Record: Address: City: \_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Email: \_\_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ Name of project that is being appealed: \_\_\_\_\_\_ File number of project that is being appealed: \_\_\_\_\_\_ Date of decision on project you are appealing: \_\_\_\_\_\_ Expiration date of appeal period: \_\_\_\_\_\_

(Continued on other side)



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Section B. Basis for Appeal	
1.	Please indicate whether this request for reconsideration addresses an error in PROCEDURE LAW and/or an error in FACT
2.	Please provide a concise statement identifying each alleged error; identify the specific factual, legal or procedural errors or misinterpretations; and/or identify the specific laws, code sections or plant policies that have been misapplied, misinterpreted or violated. (Attach additional sheet in necessary.)
3.	Please state the facts demonstrating how you are adversely affected by the decision/recommendation (attach additional sheets if necessary):
4.	Please state the specific relief requested (attach additional sheets if necessary).