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

- **Type I or II appeals**: any designated Party to the Appeal who participated in the hearing may file a written request with the Hearing Examiner for reconsideration.

- **Type III or IV applications**: any person who participated in the hearing (Party of Record) may file a written request with the Hearing Examiner for reconsideration.

The request must be filed within 10 business days of the date of the Hearing Examiner’s decision or recommendation, and shall explicitly set forth alleged errors of procedure, law, or fact. No new evidence may be submitted. The Hearing Examiner shall act within 10 business days by either denying the request or issuing a revised decision.

Requests for Reconsideration may be delivered to the Office of the City Clerk/Hearing Examiner by email, mail, personal delivery or by fax before 5:00 p.m. on the last day of the reconsideration period. There is no fee for a Request for Reconsideration.

**City of Redmond Office of the City Clerk/Hearing Examiner Contact Information:**

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

**Personal Delivery:**
City Hall, 2nd Floor Customer Service Center
c/o City Clerk’s Office
15670 NE 85th Street
Redmond, WA 98073

**Phone:** 425-556-2191  
**Fax:** 425-556-2198  
**Email:** cdxanthos@redmond.gov

**Section A. General Information**

Name of Requestor: ________________________________

Address: ________________________________

City: __________________ State: __________ Zip: __________

Email: ________________________________

Phone: (home) __________ (work) __________ (cell) __________

Name of project: ________________________________

File number of project: ________________________________

Date of Hearing Examiner decision/recommendation: ________________________________

Expiration date of reconsideration period: ________________________________
Section B. Basis for Request for Reconsideration

Please fill out items 1-4 below. Reference all applicable City Code citations and attach additional sheets if necessary.

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 plan policies that have been misapplied, misinterpreted or violated:

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3. Please state the facts demonstrating how you are adversely affected by the decision/recommendation:

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4. Please state the specific relief requested:

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