



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.

- **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:

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

4. Please state the specific relief requested:
