



APPEAL FILING
City of Woodinville

Development Services Department

425-489-2754 • 17301 133rd Avenue NE • Woodinville, WA 98072

Desk Hours • Monday – Thursday 7:30am – 5:00pm • Friday 7:30am – 4:00pm

APPELLANT NAME:	APPELLANT MAILING ADDRESS:
APPELLANT PHONE NUMBER:	APPELLANT EMAIL ADDRESS:
APPELLANT'S STATEMENT REGARDING STANDING TO APPEAL:	
APPLICATION WHICH IS THE SUBJECT OF THE APPEAL (INCLUDE PERMIT NUMBERS):	
APPELLANTS STATEMENT OF GROUNDS FOR APPEAL AND FACTS UPON WHICH APPEAL IS BASED:	
RELIEF SOUGHT, INCLUDING SPECIFIC NATURE AND EXTENT:	

Attach additional information necessary to support appeal filing.

I certify under penalty of perjury that I have read the appeal and believe the contents to be true.

Appellant's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Received By: _____

Time Received: _____

Payment Received: _____

Date Stamp