



**APPEAL FILING**  
**City of Woodinville**

**Development Services Department**

425-489-2754 • 17301 133<sup>rd</sup> Avenue NE • Woodinville, WA 98072

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

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

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:**

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Time Received: \_\_\_\_\_

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