

Date: _____

APPEAL FILE # _____

Dear Neighboring Property Owner:

I/We have filed an appeal for reconsideration of a decision or order issued by the King County Health Officer. The appeal pertains to the following subject property:

Address of the Subject Property: _____

Parcel
Number(s)
: _____

An appellant is responsible for providing notice regarding the nature of the appeal to all owners of property located within three hundred feet (300') of the subject property or to the owners of the nearest fifteen (15) properties, whichever is greater. Enclosed are copies of the application face sheet and information describing my appeal.

If you would like to become a party of record for this appeal (i.e. to receive additional communication regarding the appeal and/or comment on the appeal), forward your **written correspondence** to the address indicated below. Be sure to reference the parcel number, or the address of subject property, or (if known) the appeal file number.

*King County Sewage Review Committee
Public Health Seattle and King County
Eastgate Public Health
14350 SE Eastgate Way
Bellevue, WA 98007-6458*

Fax: (206) 296-4919

If you would like to schedule an appointment to review the entire file relative to my appeal, contact the health department at (206) 296-4932

Sincerely,

Signature of Applicant: _____ Date: _____