

CITY OF MERCER ISLAND

COMMUNITY PLANNING & DEVELOPMENT

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CITY USE ONLY

PROJECT#

APPEAL#

FEE

Date Received:

APPEAL

Received By:

Name _____

Address _____

Phone _____ Email _____

What is the decision that you are appealing? Include any applicable project file number.

What are your reasons for appealing this decision?

(You must indicate specifically that there were substantial errors, the decision is unsupported by the facts presented, the decision is in conflict with the standards for review of the action or there were irregularities in the procedure. Attachments or supporting information may be included.)

What is the outcome or changes in the decision that you are seeking?

Signature: _____ Date: _____