CITY OF MERCER ISLAND

COMMUNITY PLANNING & DEVELOPMENT

9611 SE 36TH STREET | MERCER ISLAND, WA 98040 PHONE: 206.275.7605 | www.mercerisland.gov



CITY USE ONLY			
PROJECT#	APPEAL#	FEE	
Date Received:			

APPEAL		Received By:	
SITE ADDRESS OF PROPERTY WHERE THE DECISION IS BE	EING APPEALED:		
PROPERTY OWNER NAME:	ADDRESS:	PHONE:	
		E-MAIL:	
APPELLANT NAME (If different from property owner):	ADDRESS:	PHONE:	
		E-MAIL:	
APPELLANT ATTORNEY INFORMATION (if applicable):	ADDRESS:	PHONE:	
		E-MAIL:	
What is the decision that you are appea	Ling2 Include any s	annlicable project file number	
what is the decision that you are appea	illig: iliciuue ally a	ipplicable project the number.	
What are your reasons for appealing thi	s decision? (Attach a	additional pages if necessary)	
	the standards for	errors, the decision is unsupported by the facts review of the action or there were irregularities ay be included.)	
What is the outcome or changes in the	decision that you a	re seeking? (Attach additional pages if necessary)	
what is the outcome of changes in the c	decision that you a	ire seeking: (Attach additional pages if necessary)	

Signature:

Date: