



SCOTT W. LINDQUIST, MD, MPH, DIRECTOR
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Application for Administrative Meeting or Appeal Hearing

Date Received: _____

Application Type (check one):

- Step 1: Administrative Review Meeting with Environmental Health Director \$109.00 []
Step 2: Appeal Hearing with Health Officer \$327.00 []
Step 3: Appeal Hearing with Board of Health \$436.00 []
(Following completion of Step 2 Hearing)

Meeting or Appeal Regulatory Area (check one):

- [] Onsite Sewage Systems/Sewage, Board of Health Ordinance 2008-1
[] Solid/Hazardous Waste, Board of Health Ordinance 2004-2
[] Water Supply/Wells, Board of Health Ordinance 1999-6
[] Food Service, Board of Health Ordinance 2005-8

Order or Action for Review or Appeal (attach copy of letter if applicable) and Date of Order:

Reason for Review or Appeal (attach additional pages if needed):

Property Address or Tax Number Related to the Application:

Name of Person Appealing _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Signature of Appellant _____ Date _____

Note: You will be advised of the place and time of the Administrative Hearing. Please submit any technical reports or other exhibits, which the appellant wishes to be considered.

Return this Request for Appeal, together with the appropriate fee. Make checks payable to KCHD.