



File Name or Number _____

Parcel Number(s) _____

**RECONSIDERATION OF DECISION
OF THE PIERCE COUNTY HEARING EXAMINER**

TO: THE PIERCE COUNTY HEARING EXAMINER:

COMES NOW _____ on this _____ day of _____,
(your name)

as an "aggrieved person" requesting reconsideration of the decision to _____
(approve/deny)

application for _____

WHEREAS, the Pierce County Hearing Examiner, after duly considering said matter, did on _____,
(decision date) _____, take said action to _____ the request;
(approve/deny)

THEREFORE BE IT KNOWN that _____, after review and
(your name)
consideration of findings, conclusions, and decision of the Pierce County Hearing Examiner does now, under the provisions of the appropriate official regulations, give request for reconsideration of the Examiner's decision and concisely specifies what errors of procedure or misinterpretation of fact which the Examiner is asked to reconsider:

(if more space is needed, please attach additional sheets)

AND FURTHERMORE, requests that the Pierce county hearing Examiner, having responsibility for final determination in this matter, will upon review of the request for reconsideration, take certain action to the request.

Signature of Appellant _____ Address of Appellant _____ Phone _____

Filed with the Planning and Land Services Department this _____ day of _____,
By _____; Received by _____; Forwarded to
the Hearing Examiner on _____.

NOTE: A request for reconsideration shall stay the 10-day appeal period until such time as a decision pursuant to this request is rendered.