



# REQUEST FOR RECONSIDERATION OR CLARIFICATION OF HEARING EXAMINER DECISION

## OFFICIAL USE ONLY

Case #: \_\_\_\_\_ Master File #: \_\_\_\_\_ Date: \_\_\_\_\_  
Received By: \_\_\_\_\_ Project Planner: \_\_\_\_\_ Related Cases: \_\_\_\_\_

### REQUEST BY:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### REPRESENTATIVE OR ATTORNEY:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I hereby request either reconsideration or clarification of the Olympia Hearing Examiner decision referenced below for those reasons stated herein or as attached hereto, and seek the relief and remedies as stated. I understand that this request for reconsideration is not complete without payment of the required filing fee. I understand that this request will be considered pursuant to Olympia Municipal Code (OMC) sections 18.75.060 or 18.75.070 or both. This is a request for reconsideration , clarification , or both .

Filing Fee: \$240.00; plus Hearing Examiner Deposit of \$500.00

\_\_\_\_\_ I understand that I am **required to pay actual Hearing Examiner costs**,  
*Initials* which may be higher or lower than the deposit amount. I hereby agree to pay any such costs.

### RELATED DECISION of EXAMINER:

Case Name: \_\_\_\_\_

Decision Maker: \_\_\_\_\_

Project Address: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

File No: \_\_\_\_\_

**COPY OF RELATED DECISION IS ATTACHED?**  YES  NO

**Basis of Reconsideration Request.** Please describe the error of procedure or misinterpretation of fact or law material to you; irregularity in the hearing by which you were prevented from having a fair hearing; or clerical mistake in the decision on which you base your request. See OMC sections 18.75.060 and 18.75.070 for more information.

**Clarification Request.** Please describe how the decision is ambiguous, vague, or internally inconsistent. Please be as specific as possible regarding the specific provision requiring additional clarity. (Note that a request for clarification is not an opportunity for reconsideration of a decision nor an opportunity for introduction of new evidence.)

**ADDITIONAL INFORMATION IS ATTACHED?**  YES  NO

**Have you provided notice of this request to any other parties?**  YES  NO

If yes, please list:

Signed: \_\_\_\_\_  
*Signature* *Date*