



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
 Email: cdd@ci.tumwater.wa.us
 (360) 754-4180

**APPEAL OF SEPA DETERMINATION
 Application**

TUM - _____ RCVD BY	DATE STAMP
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Application fee: \$175.00

PROPERTY

PROPERTY ADDRESS (COMPLETE): _____

PARCEL NUMBER(S): _____

APPELLANT *(please print neatly)*

NAME OF APPELLANT: _____

APPELLANT'S MAILING ADDRESS (COMPLETE): _____

APPELLANT'S TELEPHONE(S): _____

APPELLANT'S E-MAIL: _____

REPRESENTATIVE

NAME OF REPRESENTATIVE: _____

REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): _____

REPRESENTATIVE'S TELEPHONE(S): _____

REPRESENTATIVE'S E-MAIL: _____

PROPERTY OWNER

NAME OF PROPERTY OWNER: _____

OWNER'S MAILING ADDRESS (COMPLETE): _____

OWNER'S TELEPHONE(S): _____

OWNER'S E-MAIL: _____

APPEAL DESCRIPTION *(attach additional sheets and documentation, as needed)*

STATEMENT INDICATING THE BASIS OF THE APPEAL, THE ALLEGED ERROR(S) OF THE DECISION, AND THE RELIEF REQUESTED BY THE APPEAL

I agree to pay all fees of the City that apply to this application.

 Signature of Appellant/Representative

 Date

Please attach the **Appeal of SEPA Determination submittal checklist** to this Application.