



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
_____, _____, take said action to _____ the request;
(decision date) (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.**