

June 24, 2019 5pm

## GENERAL APPEAL FORM

*It is not required that this form be used to file an appeal. However, whether you use the form or not, please make sure that your appeal includes all the information/responses requested in this form. An appeal, along with any required filing fee, must be received by the Office of Hearing Examiner, not later than 5:00 p.m. on the last day of the appeal period or it cannot be considered. Delivery of appeals filed by any form of USPS mail service may be delayed by several days. Allow extra time if mailing an appeal.*

### APPELLANT INFORMATION (Person or group making appeal)

**1. Appellant:**

If several individuals are appealing together, list the additional names, addresses, and numbers on a separate sheet and identify a representative in #2 below. If an organization is appealing, indicate the group's name, addresses, and numbers here and identify a representative in #2 below.

Name Inge Anderson  
Address 805 SW Henderson St

Phone: Work: 202 695 0448 Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: inge.t.anderson@gmail.com

*In what format do you wish to receive documents from the Office of Hearing Examiner?*

Check One: ☒ U.S. Mail ☐ Fax ☒ Email Attachment

**2. Authorized Representative:**

Name of representative if different from the appellant indicated above. Groups and organizations must designate one person as their representative/contact person.

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

*In what format do you wish to receive documents from the Office of Hearing Examiner?*

Check One: \_\_\_\_\_ U.S. Mail ☐ Fax ☐ Email Attachment

REC'D HEARING EXAMINER  
2019 JUN 24 AM 11:38

### DECISION BEING APPEALED

1. **Decision appealed** (Departmental File or Reference #.): 197-11-340(2)

2. **Address** (if any) connected to decision being appealed:  
Westcrest Park 9000 9th Ave SW Seattle WA 98106

3. **Type of issue/decision being appealed if known** (ask for assistance if unknown):

Determination of non-significance WAC 197-11-970

## APPEAL INFORMATION

Answer each question as completely and specifically as you can. Attach separate sheets if needed and refer to questions by number.

1. What is your interest in this appeal? (State how you are involved or affected by it)

I, Inge Anderson use the Westcrest dog park off leash are at least twice a day to unburden my service dog. Closing the park, for an undetermined period, is going to bring me hardship.

2. What are your objections to the issue being appealed? (List and describe what you believe to be the errors, omissions, or other problems and issues involved.)

- There is no adequate information to be found on the website
- Mr. David Graves has no answers, but is willing to hear comments
- The appeal time frame has started without any important information released
- The closure of the park, without being offered an alternative will cause hardship

3. What relief do you want? (Specify what you want the Examiner to do: reverse the decision, modify conditions, etc.)

I, Inge Anderson, propose an alternative for the off-leash area, for the duration of the closure of the park.  
I propose to allow the huge grassy area of the Westcrest park to be used as a temporary relief.

Signature

*Inge Anderson*

Date

*06/24/2019*

### Deliver or mail appeal and appeal fee to:

**MAILING ADDRESS:** City of Seattle  
Office of Hearing Examiner  
P.O. Box 94729  
Seattle WA 98124-4729

**PHYSICAL ADDRESS:** SEATTLE MUNICIPAL TOWER  
700 5<sup>th</sup> Avenue, Suite 4000  
40<sup>th</sup> Floor  
Seattle, WA 98104

**Note:** Appeal fees may also be paid by credit or debit card over the phone (Visa or MasterCard only).

Phone: (206) 684-0521

Fax: (206) 684-0536

[www.seattle.gov/examiner](http://www.seattle.gov/examiner)