Des Moines
WATERLAND CITY

ADMINISTRATIVE DECISION APPEAL
Des Moines Municipal Code
Chapter 18.240

You must file this appeal within 10 days of the date of the notice.
You must attach a copy of the notice you are appealing.

File this document at the following address:

City Clerk
Des Moines Administration Office
21630 11th Avenue S., Suite A
Des Moines, WA 98198
(206) 878-6552

Business Hours: 8:00 a.m. – 4:00 p.m., Monday through Friday

An appeal will be considered incomplete if it fails to satisfy the requirements set forth above and if it does not provide at least the following:

1.) Applicable filing fee of **$990.00**
2.) A copy of the administrative decision that is the subject of the appeal
3.) The following contact information:
   a. Name: _____
   b. Address: _____
      _____
   c. Telephone Number: _____
   d. Fax Number: _____
   e. Email: _____

4.) A detailed statement identifying specifically the error of fact, law, or procedure made by the administrative decision-maker, and the effect(s) of the alleged error(s) on the decision that is the subject of the appeal:

_____
_____
_____
_____
_____

5.) A statement of the redress sought by the appellant:

_____

_____

_____

_____

_____

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_____

You may attach additional sheets, if necessary.

Signature: _____

Date: _____

Please note: your appeal packet must contain all information detailed on this form to be considered a completed application. DMMC 18.240.170