

## APPLICATION FOR ADMINISTRATIVE MEETING OR APPEAL HEARING

Submittal Date	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

APPLICANT INFORMATION		
Name of Person Appealing:	Contact Phone Number:	Contact Email:

APPLICATION TYPE (Check One)
<input type="checkbox"/> <b>Step 1:</b> Administrative Review Meeting with Environmental Health Director <input type="checkbox"/> <b>Step 2:</b> Appeal Hearing with Health Officer ( <i>Following completion of Step 1 Review Meeting</i> ) <input type="checkbox"/> <b>Step 3:</b> Appeal Hearing with Board of Health ( <i>Following completion of Step 2 Hearing</i> )
<b>Meeting or Appeal Regulatory Area (check one):</b> <input type="checkbox"/> Onsite Sewage Systems/Sewage, Board of Health Ordinance 2008A-1 <input type="checkbox"/> Solid/Hazardous Waste, Board of Health Ordinance 2010-1 <input type="checkbox"/> Water Supply/Wells, Board of Health Ordinance 1999-6 <input type="checkbox"/> Food Service, Board of Health Ordinance 2005-8 <input type="checkbox"/> Smoking in Public Places 2013-1
Order or Action for Review or Appeal (attach copy of letter if applicable) and Date of Order:
Reason for Review or Appeal (attach additional pages if needed):

ADDITIONAL INFORMATION
<p><b>Note:</b> You will be advised of the place and time of the Administrative Hearing. Please submit any technical reports or other exhibits, which the appellant wishes to be considered.</p> <p>Return this Request for Appeal, together with the appropriate fee. Make checks payable to KPHD.</p>