

Request for Waiver of Appeal Fee

Name: _____

Hearing Examiner File: _____

SMC 3.02.125 provides that the Hearing Examiner may waive an appeal fee if its assessment “will cause financial hardship to the appellant.” To request a fee waiver, please answer the following questions.

1. What is your current monthly income? \$_____/mo.
2. What (approximately) was your total income in the last calendar year?
\$_____
3. How many persons other than yourself do you support, and what are their ages? _____
4. What is your monthly rent or mortgage payment? \$_____
5. Please explain why you are requesting a waiver of the appeal fee and provide any information you believe supports your request.

I request a waiver of the appeal fee in the appeal indicated above. I declare under penalty of perjury under the laws of the State of Washington that the information provided is a true and accurate estimate of my income and expenses, and that it would cause me financial hardship to pay the appeal fee.

Signature

Date