



**APPEAL FROM DIRECTOR'S FINAL DETERMINATION
BUSINESS LICENSE CHARGES
Under Vancouver Municipal Code (VMC) 5.04.180.B**

Mail or Deliver to: CITY OF VANCOUVER, FINANCIAL & MGMT SERVICES, 610 ESTHER ST, VANCOUVER WA 98660

To Be Completed by City – Appeal from Director's Final Determination

Delivery of Notice of Director's Final Determination:

Date of personal service of Notice:

Date of mailing of Notice:

Third day after mailing of Notice (exclusive of Saturdays, Sundays, and legal holidays)

Date of delivery to taxpayer per certified mail delivery receipt:

Date REQUEST FOR APPEAL is received by CITY CLERK:
(Must be within five (5) days of delivery of Notice of Director's Final Determination.)

*Please Print Clearly, and Complete All Sections Below
(attach additional pages as needed)*

ACCOUNT INFORMATION:

Customer No.: _____

Name of Business: _____

Doing Business As (DBA), if different than above: _____

Physical Address: _____
STREET

CITY STATE ZIP CODE

INVOICES AFFECTED BY APPEAL:

Invoice No.: _____ Invoice Amount: \$ _____ Original Due Date: _____

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Invoice No.: _____ Invoice Amount: \$ _____ Original Due Date: _____

Invoice No.: _____ Invoice Amount: \$ _____ Original Due Date: _____

NAME & CONTACT INFORMATION FOR PERSON SEEKING REVIEW:

Name of Person Seeking Review: _____

Title of Person Seeking Review: _____

Mailing Address: _____
STREET OR PO BOX

CITY STATE ZIP CODE

Daytime Phone 1: _____ *circle one:* home work cell

Daytime Phone 2: _____ *circle one:* home work cell

Fax No.: _____

Email Address: _____



CUSTOMER NO.: _____ **BUSINESS NAME:** _____

GROUND FOR APPEAL:

Statement shall set forth the grounds upon which appeal is sought and identify specific errors the Director is alleged to have made in making his Final Determination.

DOCUMENTATION IN SUPPORT OF APPEAL (PLEASE ATTACH)

RELIEF REQUESTED:

VERIFICATION BY APPELLANT:

I hereby declare under penalty of perjury of the laws of the State of Washington that the information contained in this Appeal is accurate and complete.

SIGNATURE

DATE

PRINT NAME OF SIGNATORY

PRINT TITLE OF SIGNATORY