



REQUEST FOR DIRECTOR REVIEW
BUSINESS LICENSE CHARGES
Under Vancouver Municipal Code (VMC) 5.04.180.A

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

To Be Completed by City - Request for Director Review

Delivery of Notice of Director's Finding:

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 DIRECTOR REVIEW received by Director: (Must be within 14 days of delivery of Notice of Director's Finding.)

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 TO BE REVIEWED:

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

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

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 REQUEST FOR REVIEW:

Statement shall set forth the grounds upon which review is sought and identify specific errors the Director is alleged to have been made in making the determination.

DOCUMENTATION TO SUPPORT REQUEST FOR REVIEW (PLEASE ATTACH)

Note: The Director may require you to submit additional background information and may hold a conference with you to assist in reviewing the determination.

RELIEF REQUESTED:

VERIFICATION BY PERSON SEEKING REVIEW:

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

SIGNATURE

DATE

PRINT NAME OF SIGNATORY

PRINT TITLE OF SIGNATORY