



Skagit County Public Health

Keith Higman, Director

Howard Leibrand, M.D., Health Officer

REQUEST FOR APPEAL BEFORE THE SKAGIT COUNTY BOARD OF HEALTH TO APPEAL NOTICE, FINE, OR ORDER FOR VIOLATION OF SKAGIT COUNTY CODE 12.05

Appellant Name: _____ Phone: _____

Mailing Address: _____

Appellant Representative Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Property referenced in enforcement action (Parcel Number and Address):

Violation referenced in enforcement action:

Date enforcement action issued by Skagit County Public Health: _____

Reason(s) for request for hearing before the Board of Health – please name specific points of appeal:

(attach additional sheets as necessary)

Signature of appellant: _____ Date: _____

Please submit original signed form and all fees to Skagit County Public Health within 10 working days of receipt of notice or enforcement action (SCC 12.05.285)