



City Clerk's Office

TRANSCRIPT REQUEST FORM

APPEALS TO CITY COUNCIL — The appellant shall order a full transcript of the proceedings before the Hearing Examiner within thirty (30) days of the action which is appealed.

- Use this form to order a transcript of proceedings before the Hearing Examiner in a City Council Appeal.
- Complete items 1 – 7. Form must be signed and dated.
- A deposit of \$100 per hearing hour to be transcribed must be submitted along with the completed form. Should the actual cost incurred by the City exceed the deposit amount, the appellant shall reimburse the City the difference. Should the actual cost be less than the deposit amount, the City shall reimburse the appellant.
- Completed forms may be submitted in person or mailed to Bellevue City Hall, Hearing Examiner's Office (450 110th Avenue NE, Bellevue, WA 98004), or via email to: hearingexaminer@bellevuewa.gov

1.	Appellant/Requesting Party:	
2.	Address:	
3.	Phone Number:	
4.	Email:	
5.	File No. or AAD No.:	
6.	Case Name:	
7.	Date of Hearing(s):	

By signing below, I certify that I accept all financial responsibility associated with this request.

Signature of Requesting Party

Date of Request