



APPEAL RECEIPT

Name DOC number Date

On this date at _____ a.m. p.m., I have received a letter of appeal from the above named individual concerning the following WAC violation(s): _____

Employee/contract staff Signature

I have received a copy of this receipt:

Individual's signature Date

Witness Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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