



**APPEAL RECEIPT  
RECIBO DE APELACION**

\_\_\_\_\_  
Name/Nombre

\_\_\_\_\_  
DOC number/Número DOC

\_\_\_\_\_  
Date/Fecha

On this date at/En esta fecha a las \_\_\_\_\_  a.m.  p.m., I have received a letter of appeal from the above named individual concerning the following WAC violation(s) / Yo he recibido una carta de apelación del individuo arriba mencionado sobre las siguientes violaciones WAC:

\_\_\_\_\_

\_\_\_\_\_  
Employee/contract staff/Empleado/contratista

\_\_\_\_\_  
Signature/Firma

**I have received a copy of this receipt/He recibido una copia de este recibo:**

\_\_\_\_\_  
Individual's signature/Firma del Individuo

\_\_\_\_\_  
Date/Fecha

\_\_\_\_\_  
Witness/Testigo

\_\_\_\_\_  
Signature/Firma

\_\_\_\_\_  
Date/Fecha

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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