

WHATCOM COUNTY
Planning & Development Services
5280 Northwest Drive
Bellingham, WA 98226-9097
360-778-5900, TTY 800-833-6384
360-778-5901 Fax



Mark Personius, AICP
Director

Request for Remission Agreement

Today's Date:		Your Name:	
Case #:	ENF	Phone #:	
Site Address:		Mailing Address:	
Date on Penalty:		Penalty Amount:	

Pursuant to the Whatcom County Code, you are exercising your right to remission for the above-referenced penalty.

By signing below, you are agreeing to the following terms of remission, acknowledging that you will receive a written remission determination by mail, and certifying that your below statement is true and correct.

- I agree that I am not contesting the penalty in this matter. I understand that to contest the penalty, a complete appeal package must be submitted.
- I agree to use the remission process to provide relevant reasons why I believe that the penalty should be reduced. I may also explain any mitigating circumstances surrounding the violation.
- I understand that I will receive a written determination regarding remission. I will retain my right to file an appeal of that determination. However, in the absence of an appeal, I agree to pay the final amount determined as a result of the remission process.
- I understand that reduction of the penalty may be contingent upon completion of corrective action(s)

Please use the space below to provide relevant reasons why you believe that the penalty should be reduced. You may also explain any mitigating circumstances surrounding the violation.

Your Statement

Signature: _____ Printed Name: _____ Date: _____