

## Form 80 0058

### Administrative Review and Hearings Division

PO Box 47460

Olympia WA 98504-7460

360-534-1335

[DORARHAdmin@dor.wa.gov](mailto:DORARHAdmin@dor.wa.gov)

# Unclaimed Property APA Appeal Petition for Review

Please type or print in blue or black ink, and attach a copy of the notice of assessment or penalty/interest waiver denial letter.

You must file this petition before the due date contained in the notice of assessment or within 30 days of the date of a denial of application for penalty/interest waiver. A petition may be filed by mail or email. A petition sent by U.S. mail is considered filed as of the postmark date. A petition filed by other methods is considered filed on the date received.

## 1 Holder

Name/business name:

Holder ID number:

Mailing address:

City:

State:

Zip:

Phone:

Contact person:

Phone:

Email:

## 2 Representative (if applicable)

Name/business name:

Mailing address:

City:

State:

Zip:

Phone:

Email:

## 3 Type of action being reviewed

Select one. Attach a copy with this petition.

Assessment

Dated:

Denial of application for refund/return of  
property

Dated:

If you are seeking review solely of penalties and interest, please use our penalty and interest petition available at [dor.wa.gov](http://dor.wa.gov)

## 4 Hearings

Select one.

In-person hearing requested in:

Olympia

Seattle

Phone hearing requested

Video conference hearing requested.

No hearing requested. Please decide on basis of petition and record.

## 5 Issues and arguments

Describe the reason for your appeal. Attach additional pages if necessary. Also, attach with this petition all documents and evidence you want us to consider.

## 6 Signature, confidential unclaimed property information authorization, and email authorization

Either the holder or the representative can sign the petition. However, the department must have on file a Confidential Unclaimed Property Information Authorization to be able to disclose unclaimed property information to the representative. The holder can elect to sign the authorization below or submit a [Confidential Unclaimed Property Information Authorization](#), unless one is already on file.

### Holder:

I hereby certify that I am the owner, corporate officer, or partner of the above named business, I am authorized to execute this form, and the representative named in section 2 is authorized to receive confidential unclaimed property information from the department on all matters raised on appeal.

Check this box to authorize the Department of Revenue to send correspondence including the reviewing officer's decision by email. I acknowledge that email communications are not secure, and that confidential information sent via email may be intercepted and used by unauthorized persons. I accept these conditions and waive any violation of the Secrecy Clause (RCW 82.32.330) that might arise from an unauthorized interception and/or use of email.

Signature: \_\_\_\_\_ Date:

Name (please print or type): \_\_\_\_\_ Title:

### Representative:

Signature: \_\_\_\_\_ Date:

Name (please print or type): \_\_\_\_\_ Title: