



**TWIN FALLS COUNTY COMMUNITY DEVELOPMENT SERVICES**

630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301  
Ph. 208-734-9490 Fax. 208-733-9645 www.twinfallscounty.org

**RECONSIDERATION**

Date Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**I. WHO MAY REQUEST A RECONSIDERATION?**

Pursuant to §67-6535 2(b), anyone who is an affected party may file a request for Reconsideration on a decision of the Twin Falls County Board of County Commissioners (BOCC). All reconsiderations will be evaluated for standing. A Reconsideration application must be submitted with appropriate fees.

**II. TIME LIMITS FOR A RECONSIDERATION**

All Reconsiderations must be filed with the Twin Falls County Board of County Commissioners within fourteen (14) days after the final written decision issued by the BOCC.

**III. RECONSIDERATION INFORMATION**

1. Name of person requesting Reconsideration: \_\_\_\_\_

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Matter being submitted for reconsideration (and Applicant's name): \_\_\_\_\_

4. Date of decision to be reconsidered: \_\_\_\_\_

5. Reason for reconsideration request (Written requests must identify specific deficiencies in the decision for which reconsideration is sought. Attach additional pages as necessary.): \_\_\_\_\_

6. Is a hearing requested? \_\_\_\_\_

*A written decision shall be provided to the applicant or affected person within sixty (60) days of receipt of the request for reconsideration or the request is deemed denied. (Idaho Code §67-6535).*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date