



King County Fire Protection District 10

PETITION FOR ADJUSTMENT OF BENEFIT CHARGE ASSESSMENT

Petition No. _____
(do not fill in)

DUE DATE:

All items must be completed and petitions filed by **February 4, 2019, 5 p.m.**

Review Board Appeals Hearing: February 11, 2019, at 4 p.m. (all appeals will be considered; it is not required you attend a hearing).

In accordance with the provisions of Chapter 52.18.070 Revised Code of Washington, I, _____, do hereby respectfully petition King County Fire Protection District 10 Benefit Charge Review Board to change the Benefit Charge Assessment of the following described property for the year 2019 to that amount shown in Item No. 6 of the form.

1. Parcel Number and Address of Property: _____

2. General Description of Property:
 - A. Building use: _____
 - B. Brief description of building (include type of construction, height):

 - C. Square Footage of Buildings and Improvements (**including garages and carports**; excluding decks and uncovered porches):

3. King County Fire Protection District 10 Benefit Charge Assessment for the year of 2019 \$ _____

4. Specific Reasons why the Benefit Charge Assessment is Being Challenged: _____

5. Attached are Maps, Pictures, Letters, or other data to Substantiate the Challenge.

Exhibit number

Brief description of exhibit

6. On the basis of the foregoing facts, I request that the Benefit Charge Assessment for this property for the Year 2019, should be changed to \$ _____

7. Power of Attorney:

If Power of Attorney to act in his/her position has been delegated, the petitioner must fill out and sign the following statement.

_____ has full authority to act in my behalf on all matters pertaining to this petition for a change in the Benefit Charge Assessment for the year 2019.

Signature of Property Owner

I hereby certify that to the best of my knowledge and belief the information entered on this petition is a true and fair presentation of the facts relating to this appeal.

Signed this _____ day of _____, 2019

Signature:

Owner

Business Phone: _____

Agent

Home Phone: _____

Mailing Address for Correspondence

Please mail or deliver to: King County Fire Protection District 10
175 Newport Way NW
Issaquah, WA 98027

OR Fax to: (425) 391-8764