Snoqualmie Pass Fire & Rescue

PETITION FOR ADJUSTMENT OF BENEFIT CHARGE ASSESSMENT

DUE DATE: All items must be completed and petitions filed by **February 5th, 2010 by 5:00 p.m.**

Petition No._____
(Do not fill in)

Review Board Hearing: February 22nd 2010 at 6:30 p.m.
(all appeals will be considered, it is not required that you attend the hearing).

In accordance with the provisions of Chapter 52.18.070 Revised Code of Washington, I, _____, do hereby respectfully petition Snoqualmie Pass Fire & Rescue Benefit Charge Review Board to change the Benefit Charge Assessment of the following described property for the year 2010 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, excluding decks and uncovered porches:_____

3. Snoqualmie Pass Fire & Rescue Benefit Charge Assessment for the year 2010
   $_____

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 reasons, I request that the Benefit Charge Assessment for this property for the Year 2010, should be changed to $_____.

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 _____, _____
(year)

Signature:

_____ Business Phone: _____
Owner

_____ Home Phone: _____
Agent

_____
_____
_____
Mailing Address for Correspondence

Please mail to: Snoqualmie Pass Fire & Rescue
PO Box 99
Snoqualmie Pass, WA 98068

or Fax to: (425) 434-6355