

Question about square footage? Please contact our office at 425-313-3200 before completing this form.

All items must be completed and petitions received no later than **5:00 p.m. on Wednesday, February 25, 2026**. The Benefit Charge Appeals Hearing will be held on Wednesday, March 11, 2026 at 4:00 p.m.

All appeals will be considered; you do not need to be present at the hearing.

I, _____, do hereby respectfully petition King County Fire District 45's Benefit Charge Review Board to adjust the Benefit Charge Assessment of the following described property for the year 2026. This request is made for the reasons stated in item 4 below and in accordance with the provisions of Chapter 52.18.070 of the Revised Code of Washington.

1. Parcel number and address of property: _____

2. Property description: ☐ Residential ☐ Mobile Home ☐ Apartment Bldg(s) ☐ Other ☐ Commercial

A. Brief description of building (type of construction, number of floors, etc.):

B. Square footage of all buildings and improvements (including garages, sheds, basements, etc.): _____

3. KC Fire District 45's Benefit Charge Assessment for the year 2026: _____

4. Specific reason(s) why the Benefit Charge Assessment is being challenged:

5. Attached are maps, pictures, letters, fire meter water bill or other data to substantiate the challenge.

Brief description of exhibit(s): _____

6. On the basis of the foregoing, I request that the 2026 Benefit Charge Assessment for this property be adjusted.

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 _____ 2026. _____ Property Owner's Signature

Mailing address: _____

Phone number: _____ Email: _____



Petition for Adjustment of Benefit Charge Assessment

If Power of Attorney to act on behalf of the petitioner has been delegated, the petitioner must complete and sign the following statement:

_____ has full authority to act on my behalf on all matters pertaining to this Petition for Adjustment of Benefit Charge Assessment for the year 2026.

Property Owner's Signature

Print Name of Agent for Property Owner

Signature of Agent for Property Owner

Agent's Mailing Address: _____

Agent's Phone Number: _____

Agent's Email: _____

Mail, deliver, fax or email completed form and exhibits to:
King County Fire District 45
c/o Eastside Fire & Rescue
Attn: Benefit Charge Review Board

175 Newport Way NW
Issaquah, WA 98027-3104

[DELIVERY or U.S. MAIL]

financegroup@esf-r.org

[EMAIL]

425-313-3237

[FAX]

