

Petition for Adjustment of Benefit Service Charge Assessment

All items must be completed and petitions received by Duvall-King County Fire District 45 (KCFD45) no later than **5:00 pm. on Friday, Jan 26, 2024**. The Board of Fire Commissioners will hold a Benefit Service Charge Appeals Hearing on **Wednesday February 7, 2024 at 7:00 pm. Your attendance is optional; you will be notified in writing of the Board's decision.**

I, _____, do hereby respectfully petition Duvall-King Fire District 45's Board of Fire Commissioners to adjust the Benefit Service Charge Assessment of the following described property for the year 2024. 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. General description of property:

A. Building use: Residential Mobile Home Apartment Building(s) 2-Story 4-Plex(s) Commercial

B. Brief description of building (type of construction, height, etc.):

C. Square footage of buildings and improvements (including garages): _____

3. KCFD45 Benefit Service Charge Assessment for the Year 2024: _____

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

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

Exhibit Number

Brief Description of Exhibit

_____	_____
_____	_____
_____	_____
_____	_____



Duval-King County Fire District 45

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6. On the basis of the foregoing, I request that the 2024 Benefit Service 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 _____, 20__.

Mailing Address of Property Owner/Petitioner

Print Name of Property Owner/Petitioner

Signature of Property Owner/Petitioner

Telephone Number Email Address

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 an adjustment to the Benefit Service Charge Assessment for the year 2024.

Signature of Property Owner/Petitioner

Mailing Address of Agent for Property Owner

Print Name of Agent for Property Owner

Signature of Agent for Property Owner

Telephone Number Email Address

Mail, deliver, email or fax completed form to:

Duval-King County Fire District 45

Attn: BSC Appeal Review

P.O. Box 338

Duval, WA 98019

[DELIVERY]

[U.S. MAIL]

425-788-0199

BSC@duvallfire45.com

[FAX]

[EMAIL]

