

**WOODINVILLE FIRE AND LIFE SAFETY DISTRICT**

**PETITION FOR ADJUSTMENT OF BENEFIT CHARGE ASSESSMENT**

DUE DATE: All items must be completed and petitions filed by **February 19, 2010 by 5:00 p.m.**

Petition No. \_\_\_\_\_  
(Do not fill in)

**Review Board Hearing: March 1, 2010 at 6:00 p.m.**

In accordance with the provisions of Chapter 52.18.070 Revised Code of Washington, I, \_\_\_\_\_, do hereby respectfully petition Woodinville Fire and Life Safety District Benefit Charge Review Board, to change the Benefit Charge Assessment of the following described property for the year 2007 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): \_\_\_\_\_
  
3. Woodinville Fire and Life Safety District 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 facts, I request that the Benefit Charge Assessment for this property for the Year 2010, should be changed to \$\_\_\_\_\_.

7. Power of Attorney:

If Power of Attorney to act in his 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 2010.

\_\_\_\_\_  
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 \_\_\_\_\_, 2010

Signature:

\_\_\_\_\_  
Owner

Business Phone: \_\_\_\_\_

\_\_\_\_\_  
Agent

Home Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address for Correspondence

Please mail, or deliver to: Woodinville Fire and Life Safety District  
17718 Woodinville – Snohomish Road NE  
P. O. Box 2200  
Woodinville, WA 98072

OR Fax to: (425) 486-0361