
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:

Owner

Business Phone: _____

Agent

Home Phone: _____

Mailing Address for Correspondence

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

or Fax to: (425) 434-6355