



SHORELINE FIRE DEPARTMENT

PETITION FOR ADJUSTMENT OF BENEFIT CHARGE ASSESSMENT

Petition No. (do not complete) _____

DUE DATE:	All items must be completed and petitions received by March 9, 2020 by 4:00 p.m.
REVIEW BOARD HEARING:	March 19, 2020 at 5:00 p.m. Shoreline Fire Department / Station 61 / 17525 Aurora Avenue North / Shoreline <i>(All appeals will be considered; it is not required that you attend the hearing.)</i>

In accordance with the provisions of Chapter 52.18.070, Revised Code of Washington, I, _____, do hereby respectfully petition Shoreline Fire Department's Review Board to change the benefit Charge Assessment of the following described property.

1. Parcel number and address of property:

2. I have a working fire sprinkler system and want the 10% deduction. YES NO
(If Shoreline Fire Department does not have records confirming that you have a working system, a physical inspection may be required. If you have no other appeals to make, skip Sections 3-5 and go to the "Signature" section on the next page.)

3. 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:

4. Specific reasons why the Benefit Charge Assessment is being challenged:

5. Attach all maps, pictures, letters or other data to substantiate the challenge.

Brief description of exhibit:

Exhibit Number:

Shoreline Fire Department Fire Benefit Charge for the year 2020:

\$ _____

On the basis of the foregoing information, I request that the Benefit Charge Assessment for the year 2020 for this property be change to:

\$ _____

SIGNATURE:

I 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 _____ 2020.

Signature / Owner:

Contact Telephone:

Email:

Signature / Agent:

Contact Telephone:

Email:

Mailing Address for Correspondence:

RETURN APPEAL FORM TO: Shoreline Fire Department
ATTN: FBC Appeal
17525 Aurora Avenue North
Shoreline, WA 98133