



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 February 26, 2024 by 4:00 p.m.
REVIEW BOARD HEARING:	March 14, 2024 at 5:00 p.m. Shoreline Fire Department / Station 61 / 17525 Aurora Ave. North / Shoreline, WA 98133 <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):

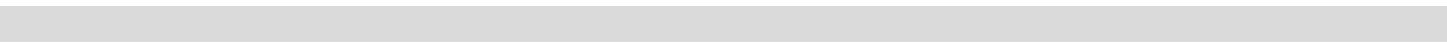
c. Square footage of buildings and improvements, including garages, excluding decks and uncovered porches:

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 2024: \$ _____

On the basis of the foregoing information, I request that the Benefit Charge Assessment for the year 2024 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 _____ 2024.

Signature / Owner: _____
Contact Telephone: _____
Email: _____

Signature / Agent: _____
Contact Telephone: _____
Email: _____

Mailing Address for Correspondence:

RETURN APPEAL FORM TO: FBC@shorelinefire.com

or

Shoreline Fire Department
ATTN: FBC Appeal
17525 Aurora Avenue North
Shoreline, WA 98133