

# King County Fire District 45

For KCFD45 use  
Petition No.

## Petition for Adjustment of Benefit Service Charge Assessment

*Note: If your Petition concerns square footage, please contact our office at 425-313-3200 before completing this form.*

All items must be completed and petitions received by King County Fire District 45 (Duvall Fire Department) no later than **5:00 p.m. on Friday, February 28, 2025**. The Benefit Service Charge Appeals Hearing will be held on Wednesday, March 12, 2025 at 7:00 p.m. **All appeals will be considered; you do not need to be present at the hearing. You will be notified in writing of the Board's decision.**

I, \_\_\_\_\_, do hereby respectfully petition King County Fire District 45's Board of Fire Commissioners to adjust the Benefit Service Charge Assessment of the following described property for the year 2025. 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. Property description:  Residential  Mobile Home  Apartment Bldg(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 2025: \_\_\_\_\_

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.

Brief description of exhibit(s): \_\_\_\_\_

6. On the basis of the foregoing, I request that the 2025 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 \_\_\_\_\_ 2025. \_\_\_\_\_  
Property Owner's Signature

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_



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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 Fire Benefit Service Charge Assessment for the year 2025.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Print Name of Agent for Property Owner

\_\_\_\_\_  
Signature of Agent for Property Owner

Agent's mailing address: \_\_\_\_\_  
\_\_\_\_\_

Agent's phone number: \_\_\_\_\_

Agent's email: \_\_\_\_\_

Mail, deliver or email completed form and exhibits to:  
King County Fire District 45  
c/o Eastside Fire & Rescue  
Attn: BSC Appeals Review  
175 Newport Way NW [DELIVERY or U.S. MAIL]  
Issaquah, WA 98027-3104  
FinanceGroup@esf-r.org [EMAIL]

