



# SHORELINE FIRE DEPARTMENT

## PETITION FOR ADJUSTMENT OF BENEFIT CHARGE ASSESSMENT

Petition No. (do not complete) \_\_\_\_\_

<b>DUE DATE:</b>	All items must be completed and petitions received by <b>March 7, 2022</b> by <b>4:00 p.m.</b>
<b>REVIEW BOARD HARING:</b>	<b>March 17, 2022 at 5:00 p.m.</b> 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:

Click here to enter text.

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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:

Click here to enter text.

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- b. Brief description of building (include type of construction, height):

Click here to enter text.

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

Click here to enter text.

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

[Click here to enter text.](#)

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

Brief description of exhibit:

Exhibit Number:

[Click here to enter text.](#)

[Click here to enter text.](#)

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Shoreline Fire Department Fire Benefit Charge for the year 2022:

\$ [Click here to enter text.](#)

On the basis of the foregoing information, I request that the Benefit Charge Assessment for the year 2022 for this property be changed to:

\$ [Click here to enter text.](#)

**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 [Click here to enter text.](#) day of [Click here to enter text.](#) 2022.

**Signature / Owner:** [Click here to enter text.](#)

Contact Telephone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

**Signature / Agent:** [Click here to enter text.](#)

Contact Telephone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Mailing Address for Correspondence:

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