



Graham Fire & Rescue
 P.O. Box 369
 Graham, WA 98338
 253-847-8811

WWW.GRAHAMFIRE.ORG

Petition for Adjustment of the Benefit Charge Assessment

Due Date: All Petitions for Adjustment of the Benefit Charge Assessment must be received or postmarked by:
February 1, 2021, 4:30 p.m.

In accordance with the provisions of Chapter 52.18.070 Revised Code of Washington, I, _____, do hereby respectfully petition the Graham Fire & Rescue (Pierce County FD#21) Benefit Charge Review Board to adjust the Benefit Charge Assessment of the following described property for the year 2021 using the information provided in Items 7 and 8 of this form.

1. Address of Property: _____
2. King County Tax Parcel Number: _____
3. Combined square footage of all buildings on property: _____
4. Does the building have a monitored fire alarm system: YES NO
5. Does the building have an automatic fire sprinkler system: YES NO
6. 2021 Benefit Charge is: \$ _____
7. Specific reasons the Benefit Charge Assessment is being challenged:

<input type="checkbox"/> Square footage is incorrect	<input type="checkbox"/> Benefit Charge calculation error
<input type="checkbox"/> Monitored fire alarm system is present	<input type="checkbox"/> Should have Senior discount
<input type="checkbox"/> Automatic fire sprinkler system is present	<input type="checkbox"/> Incorrect hazard factor
8. Attached are maps, photos, letters, or other data to substantiate the above challenge.

On the basis of the foregoing facts, I petition the Benefit Charge Assessment for this property for 2021 be adjusted using the data supplied and 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 petition for adjustment.

Signed this _____ day of _____, 2021.

Signature: _____
 Owner or Authorized Representative

Printed Name: _____

Email Petition to:	benefitcharge@grahamfire.org
Mail or Deliver to:	Graham Fire & Rescue Benefit Charge P.O. Box 369 Graham, WA 98338 Or 23014 70 th Ave E Headquarters

My Contact Information:

Mailing Address: _____

Email address: _____

Phone: _____