



Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Christa Campbell,
(Name)

Chair, for San Juan County Public Hospital, do hereby certify to
District #2
(Title) (District Name)

the San Juan County legislative authority that the Commissioners
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2019 as provided in the district's
(Year of Collection)

budget, which was adopted following a public hearing held on 11/08/18:
(Date of Public Hearing)

Regular Levy: \$853,000.00
(State the **total** dollar amount to be levied)

Excess Levy: \$0.00
(State the **total** dollar amount to be levied)

Refund Levy: \$0.00
(State the **total** dollar amount to be levied)

Signature: _____

Date: _____

To ask about the availability of this publication in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users, please call (360) 705-6718. For tax assistance, call (360) 534-1400.

