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**Question about square footage? Please contact our office at 425-313-3200 before completing this form.**

All items must be completed and petitions received no later than **5:00 p.m. on Tuesday, February 17, 2026.**  
The Benefit Charge Appeals Hearing will be held on Tuesday, March 10, 2026 at 5:00 p.m.

**All appeals will be considered; you do not need to be present at the hearing.**

I, \_\_\_\_\_, do hereby respectfully petition Woodinville Fire & Rescue's Benefit Charge Review Board to adjust the Benefit Charge Assessment of the following described property for the year 2026. 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)  Other  Commercial

A. Brief description of building (type of construction, number of floors, etc.):  
\_\_\_\_\_

B. Square footage of all buildings and improvements (including garages, sheds, basements, etc.):  
\_\_\_\_\_

3. Woodinville Fire & Rescue's Benefit Charge Assessment for the year 2026: \_\_\_\_\_

4. Specific reason(s) why the Benefit 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 2026 Benefit 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 \_\_\_\_\_ 2026.

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

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

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



**Petition for Adjustment of Benefit Charge Assessment**

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 Adjustment of Benefit Charge Assessment for the year 2026.

\_\_\_\_\_  
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, fax or email completed form and exhibits to:

Woodinville Fire & Rescue

c/o Eastside Fire & Rescue

Attn: Benefit Charge Review Board

175 Newport Way NW  
Issaquah, WA 98027-3104

[DELIVERY or U.S. MAIL]

financegroup@esf-r.org

[EMAIL]

425-313-3237

[FAX]

