



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, Gary Wangsmo,
(Name)

Superintendent, for Kittitas County Public Hospital, do hereby certify to
(Title) District 2
(District Name)

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

of said district requests that the following levy amounts be collected in 2011 as provided in the district's
(Year of Collection)

budget, which was adopted following a public hearing held on 11/15/10:
(Date of Public Hearing)

Regular Levy: \$560,000.00
(State the **total** dollar amount to be levied)

Excess Levy: \$820,000.00
(State the **total** dollar amount to be levied)

Refund Levy: _____
(State the **total** dollar amount to be levied)

Signature: Gary J Wangsmo

Date: 11/15/10

RECEIVED

NOV 22 2010

1st _____ 2nd _____ 3rd _____
KITITAS COUNTY BOARD OF COMMISSIONERS

For tax assistance, visit <http://dor.wa.gov/content/taxes/property/default.aspx> or call (360) 570-5900. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.