

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 accord	lance with RCW 84.52.020, 1	I, Libby Al	lgood				
			(Name)		- Andrews	1.11	
	Treasurer		, for Kittitas County Public Hospital District #1		, do hereby certify to		
	(Title)		(District Name))			
the	Kittitas (Name of County)	County legis	slative authority that the	that the Boardf of Commissioners (Commissioners, Council, Board, etc.)			
of said di	strict requests that the follow	ving levy amo		of Collection)	provided in t	he district's	
budget, w	hich was adopted following	a public hear	ing held on 10/27/11 (Date of Public	: Hearing)			
Regular I	Levy: \$8,200.00 (State the total dollar	r amount to be lo	evied)				
Excess Le	(State the total dollar	r amount to be le	evied)				
Refund L	evy: (State the total dollar	amount to be le	evied)				
Signature:	Contract of the second	120	Upole	Date	: 10/27/11		

For tax assistance or to request this document in an alternate format, visit http://dor.wa.gov/content/taxes/property/default.aspx or call (360) 534-1400. Teletype (TTY) users may call (360) 705-6718.