

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 wit	h RCW 84.52.020,	I, Barry Dan	iko		,
			(Name)		-
T	reasurer	, for	Kittitas County Publi District 2	ic Hospital	, do hereby certify to
(Title)			(District Name))	venere.
the Kittitas (Name of County)		County legislative authority that the			
(Name of County)				(Commissioners, Council, Board, etc.)	
of said district requests that the following levy amounts be collected in 2013 as provided in the district's (Year of Collection)					
budget, which was adopted following a public hearing held on 11/19/12: (Date of Public Hearing)					
Regular Levy:	\$575,000.00 (State the total dollar	ar amount to be lev	vied)		
Excess Levy:	(State the total dollar	ar amount to be lev	vied)		
Refund Levy:	(State the total dollar	ar amount to be lev	vied)		
Signature:	73. M.			Dat	o· 11/19/12

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.