

CENTRAL PIERCE FIRE & RESCUE
REQUEST TO APPEAL FIRE BENEFIT CHARGE (FBC)
FOR CALENDAR YEAR _____



Mail or fax appeal to:

Central Pierce Fire & Rescue
PO Box 940
Spanaway, WA 98387
Fax # (253) 276-6770

For CPFR Use Only

Date received: _____

FBC Charge Verified: \$ _____

Comments: _____

To appeal your Fire Benefit Charge, please complete the following information:

Parcel Number: _____ Fire Benefit Charge: \$ _____

Property Address: _____

Building Use: _____

Property Type*: _____

(*As designated by Pierce County records; i.e. residential, commercial, industrial, etc.)

Total Square Footage of Structures (including garages and any out buildings): _____

Reasons why you believe your Fire Benefit Charge should be reduced (attach any maps, pictures, letters or other data to support your request):

On the basis of the foregoing facts, I request that the Fire Benefit Charge assessment for this property be changed to \$_____.

I hereby certify to the best of my knowledge and belief that the information entered on this petition is a true and fair representation of the facts relating to this appeal.

Signed this _____ day of _____, 20____.

Taxpayer Signature

Taxpayer Mailing Address:

Taxpayer Printed Name

Taxpayer Phone Number