

Form 64 0100

Levy Certification

Submit this document, or something similar, 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.

Courtesy copy may be provided to the county assessor.

This form is not designed for the certification of levies under RCW 84.52.070.

In accordance with RCW 84.52.020, I	Dave Zoeller	(Name),	
Board President	(Title), for San Juan County Public	Hospital District #3] (District name),
do hereby certify to the San Juan	(Name oj	f county) County leg	gislative authority
that the Commissioners	(Commissioners, Council,	. Board, etc.) of said	district requests
that the following levy amounts be co	llected in 2025 (Year of collect	ction) as provided in	n the district's
budget, which was adopted following	a public hearing held on 11/12/20	024 (Date of pi	ublic hearing).

Regular levies

Levy	General levy	Other levy*
Total certified levy request amount, which includes the amounts below.	1,999,910.00	
Administrative refund amount		
Non-voted bond debt amount		
Other*		

Excess levies

Levy	General (n/a for school districts)	Bond	Enrichment (school districts only)	Cap. project	Other levy*
Total certified levy request amount, which includes the amounts below.					
Administrative refund amount					
Other*					

*Examples of other levy types may include EMS, school district transportation, or construction levies. Examples of other amounts may include levy error correction or adjudicated refund amount. Please include a description when using the "other" options.

Signature: ____

_____ Date: _____

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