Department of Revenue
Washington State

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 **Mark Salierno** *(Name)*, **Board President** *(Title)*, for **San Juan County Public Hospital District #3** *(District name)*, do hereby certify to the **San Juan** *(Name of county)* County legislative authority that the **Commissioners** *(Commissioners, Council, Board, etc.)* of said district requests that the following levy amounts be collected in **2027** *(Year of collection)* as provided in the district's budget, which was adopted following a public hearing held on **11/12/2026** *(Date of public hearing).*

Regular levies

Levy	General levy	Other levy*
Total certified levy request amount, which includes the amounts below.	3,480,553.10	
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:** _____

To request this document in an alternate format, please complete the form dor.wa.gov/AccessibilityRequest or call 360-705-6705. Teletype (TTY) users please dial 711.