



REQUEST FOR REDUCED RESIDENCE RATE SEWER BILLING
(Reference: Spokane County Code 8.03.8525)

Parcel Number: _____

Site Address: _____

I/we, the undersigned property owner(s), have an active Property Tax Exemption on file at the Spokane County Assessor's Office for the above parcel; and, hereby request that my/our primary residence (single-family dwelling or duplex dwelling unit) on this parcel be billed as a Reduced Rate Residence.

I/we understand, pursuant to Spokane County Code 8.03.8525, that I/we are responsible for reporting any change (e.g., change of residence, change from "active" Property Tax Exemption status, death of qualifying spouse, etc) that may affect qualifying for the Reduced Residence Rate. If I/we fail to report any such change, Spokane County Sewer Billing shall have the right to pursue the billing and collection of any additional fees that may be due the County.

Property Owner Name (please print)

Property Owner Name (please print)

Property Owner Signature

Property Owner Signature

Date

Date

Phone Number

Email Address (If Applicable)

(Note: all property owners must sign this form)

Mail this form to: **Spokane County Sewer Billing**
1026 W Broadway Ave., 4th Floor
Spokane, WA 99260

Fax: (509) 477-4715
e-mail:
SewerBilling@spokanecounty.org

Sewer Account No. _____

FOR COUNTY USE ONLY

- () Active Property Tax Exemption verified (attach print-out).
- () Residence is a single-family dwelling or duplex dwelling unit.
- () Request signed by all property owners.

Effective Date of Reduced Billing

Approved Signature

Reviewed Date of Reduced Billing

Reviewed Signature