

## **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 with RCW 84.52.020, I, Richard Fralick					
			(Name)		
President		, for	San Juan County Publi District #3	ic Hospital	, do hereby certify to
(Title)		-	(District Name)		
the San Juan		County legis	lative authority that the		
(Name of County)				(Commission	oners, Council, Board, etc.)
of said district requests that the following levy amounts be collected in 2019 as provided in the district's (Year of Collection)					
budget, which was	adopted following	a public hear	3*0000-000000	<del>:</del>	
Regular Levy:	\$1,535,192.00 (State the <b>total</b> dollar	r amount to be le	evied)		
Excess Levy:	\$0.00 (State the <b>total</b> dollar	r amount to be le	evied)		
Refund Levy:	\$0.00 (State the <b>total</b> dollar	amount to be le	evied)		
Signature:	Adrah	d		Dat	e: <u>11/6/18</u>