

Department of  
**Revenue**  
Washington State

## 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 Herb Gerhardt,  
(Name)

President, for Mason County Public Hospital District #2, do hereby certify to  
(Title) (District Name)

the Mason County legislative authority that the Commissioners  
(Name of County) (Commissioners, Council, Board, etc.)

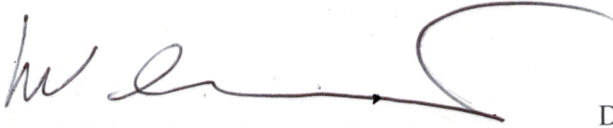
of said district request that the following levy amounts be collected in 2019 as provided in the district's  
(Year of Collection)

budget, which was adopted following a public hearing held on 23 October 2018:  
(Date of Public Hearing)

Regular Levy: \$411,765.00  
(State the total dollar amount to be levied)

Excess Levy: \$0.00  
(State the total dollar amount to be levied)

Refund Levy: \$0.00  
(State the total dollar amount to be levied)

Signature:  Date: October 23, 2018

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