

**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  (Name),  
 (Title), for  (District name),  
do hereby certify to the  (Name of county) County legislative authority  
that the  (Commissioners, Council, Board, etc.) of said district requests  
that the following levy amounts be collected in  (Year of collection) as provided in the district's  
budget, which was adopted following a public hearing held on  (Date of public hearing).

### Regular levies

Levy	General levy	Other levy* <input type="text"/>
<b>Total certified levy request amount</b> , which includes the amounts below.	<input type="text"/>	<input type="text"/>
Administrative refund amount	<input type="text"/>	<input type="text"/>
Non-voted bond debt amount	<input type="text"/>	<input type="text"/>
Other* <input type="text"/>	<input type="text"/>	<input type="text"/>

### Excess levies

Levy	General (n/a for school districts)	Bond	Enrichment (school districts only)	Cap. project	Other levy* <input type="text"/>
<b>Total certified levy request amount</b> , which includes the amounts below.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative refund amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*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](https://dor.wa.gov/AccessibilityRequest) or call 360-705-6705. Teletype (TTY) users please dial 711.