Henderson Watershed Protection Area – O & M Program

Request for Correction of Rates and Charges

Property owners who believe the rates and charges assessed against their property for the Henderson Watershed Protection Area program are incorrect can request that they be corrected by submitting this form. To be considered for the 2014 tax year, this form must be submitted by May 30, 2013.

If the Environmental Health Division Director determines that the rates and charges assessed against your property are incorrect based on errors in billing, incorrectly identified property or the location of the on-site sewage system, the rates and charges will be corrected. No corrections will be made more than three years after the date payment was due without delinquency. Changes in the risk level on an on-site sewage system that result in adjustments to rates and charges assessed against any property shall be applied to future years, and no refund will be made.

Please provide the following information. Only complete requests can be reviewed. (Please print)

Property owner ____________________________________________ Phone number ____________________________

Mailing address ____________________________ City ______________ State _______ Zip _______

Property address ____________________________ Tax Parcel # (11 digits) _______________________

Please check the box that indicates why you believe the rates and charges determination for your property is incorrect:

☐ Property is not served by an on-site sewage system;

☐ Boundary is incorrect — property should not be included because it drains away from Henderson Inlet;

☐ All portions of the wastewater system (including building plumbing) are outside the Henderson Watershed Protection Area;

☐ Risk determination of on-site sewage system (high-risk system or a low-risk system) is wrong.

Please check included information to support your request:

☐ Maps  ☐ Photographs  ☐ Other ____________________________________________________________

__________________________________________________________________________________________

Additional information: ______________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Please return this form to:

PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
Environmental Health Division
2000 Lakeridge Dr. SW, Bldg 4  Olympia, WA  98502-6045
Phone: 360-867-2626  Fax: 360-867-2659  TDD: 360-754-2933

To request this form in an alternative format, please call 360-867-2626