SPECIAL TAX VALUATION

AFFIDAVIT CERTIFYING EXPENSES AND PERIOD OF WORK

Required for submittal per WAC 254.20.090

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the applicant(s) for Special Valuation Tax status, certify by my/our signature below, that the total amount claimed in the accompanying application form is equal to the actual costs accrued for this project, and that these costs were accrued during the period of work indicated on the accompanying application form.

I certify the foregoing statement to be true and correct.

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Applicant Name Co-Applicant Name

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Applicant Signature Co-Applicant Signature

STATE OF WASHINGTON )

 ) ss.

County of Pierce )

 On this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2019, before the undersigned, a Notary Public in and for the state of Washington, duly commissioned and sworn, the above person(s) appeared before me and signed the foregoing instrument, and acknowledged said instrument to be their free and voluntary act for the uses and purposes therein mentioned.

 WITNESS my hand and official seal hereto affixed the day and year first above written.

|  |  |  |
| --- | --- | --- |
| **[notary seal]** |  |  NOTARY PUBLICPrinted Name: Residing at My commission expires  |