

**ISLAND COUNTY
PUBLIC BENEFIT RATING SYSTEM
ANNUAL AFFIDAVIT**



SUBMIT BY DECEMBER 31ST OF EACH YEAR
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File Number: _____

OWNER INFORMATION

Contact Person:	_____	Phone Number:	_____
Mailing Address:	_____	Email:	_____

PARCEL DATA

Tax Parcel Number(s)	Total Acres in Parcel	Acres in PBRS

As owner(s) of the land described in this affidavit, I (we) hereby indicate by my (our) signature(s) that:

I (we) declare under the penalties of perjury under the laws of the State of Washington, that the above-listed property is being used consistent with the requirements of the open space classification, RCW 84.34, and the Island County Public Benefit Rating System, ICC 3.40 and the signed agreement between me (us) and the County.

I (we) am (are) aware of the potential tax liability involved when the land ceases to be classified under the provisions of RCW 84.34 (all owners of the property must sign).

Print Name

Signature

Print Name

Signature

Print Name

Signature

State of Washington
County of _____

On This day personally appeared before me _____

_____ to me proven to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned.

(SEAL)

(Notary Signature)

(Printed Notary Name)

(Date)

(Residing at)

(My commission Expires)

Mail completed form to: Island County Planning & Community Development, PO BOX 5000, Coupeville, WA 98239