

GRANT COUNTY ASSESSORS OFFICE
P.O. BOX 37
EPHRATA, WA 98823
509 754-2011

AFFIDAVIT AND CERTIFICATE OF VALUATION RCW 84.56.370

I, _____ AFFIRM THAT I OWN THE STRUCTURE
OR STRUCTURES LOCATED ON THE FOLLOWING DESCRIBED PROPERTY.

PARCEL # AND DESCRIPTION OF PROPERTY NEEDED FOR TAX PURPOSES:

LAND OWNED BY _____

Signature _____

Land Owner

Signature _____

Rentor/Leesee

LAND VALUE _____ IMPROVEMENT VALUE _____ TOTAL _____

TAX CODE _____ SPECIAL ASSESSMENTS _____

_____ X _____ = _____ LAND TAXES
ASSESSED VALUE LEVY RATE PER THOUSAND

_____ X _____ = _____ IMPROVEMENT
ASSESSED VALUE LEVY RATE PER THOUSAND

_____ X _____ = _____ SPEC. ASSMT.

_____ X _____ = _____ SPEC. ASSMT.

_____ X _____ = _____ SPEC. ASSMT.

_____ TOTAL TAXES

SIGNED _____
GRANT COUNTY ASSESSOR OR DEPUTY

DATE _____