

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



**SUBMIT BY  
DECEMBER 31<sup>ST</sup>  
OF EACH YEAR**

**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.

(S E A L)

(Notary Signature)

(Printed Notary Name)

(Date)

(Residing at) \_\_\_\_\_ (My commission Expires) \_\_\_\_\_

**Mail completed form to:** Island County Planning & Community Development, 1 NE 7th St., Coupeville, WA 98239