



Town of Darrington

VERIFICATION OF POSTING

Town of Darrington

1005 Cascade St

Darrington, WA 98241

Phone: 360-436-1131

Fax: 360-436-0221

CONTACT INFORMATION

HOMEOWNER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PARCEL ID NO: _____

BUILDING PERMIT NO: _____

This Form Shall and presented to the Town of Darrington within 15 days of Posting.

I hereby certify that I have posted the property as described on the attached posting notice in two (2) conspicuous places in accordance with the Town of Darrington's Environmental Policy Ordinance.

Signature of Property Owner Date

State of Washington County of _____

Signed or attested before me on _____ by _____

Notary Signature _____

Printed or Stamped Name: _____

Title _____ Notary Expiration Date: _____