City of Medical Lake
124 S Lefevre Street
PO Box 369
Medical Lake, WA 99022-0369
509-565-5000
www.medical-lake.org

AFFIDAVIT OF PUBLIC NOTIFICATION

State of Washington
County of Spokane

I, _THOMAS K STIRLING_, being duly sworn, depose and state as follows:

1. **Identification of Applicant:**

   I am the applicant or authorized representative for the land use application #LU 2024-025, regarding the property located at the intersection of SR 902 and Green Gate Lane (Tax Parcel # 14192.0002).

2. **Notification Methods:**

   In accordance with the requirements of MLMC Chapter 19.280 – Notice of Application and Planning Policy 58.602, I certify that I have completed the following notification processes:

   o **US Mail Notification:** On _02/10/2025_, I sent notification letters to all required property owners and/or interested parties as specified by law, using the United States Postal Service. Copies of the mailing list and notification letter are attached to this affidavit.

   o **Newspaper Publication:** On _02/07/2025_, I caused a public notice to be published in _the Cheney Free Press_, meeting the legal notice publication requirements for this application. A copy of the published notice and proof of publication are attached to this affidavit.

   o **Onsite Posting:** On _02/12/2025_, I posted a notification sign(s) on the subject property in a visible and appropriate location in compliance with the requirements. Photographic evidence of the onsite posting, including the date of posting, is attached to this affidavit.

3. **True and Accurate Representation:**

   I declare that the information provided herein is true and correct to the best of my knowledge and belief.

Dated this _18th_ day of _February_, _2025_.

Signature: _[signature]_

Printed Name: _THOMAS K. STIRLING_

Address: _405 SE Brelsford Dr, STE "C", PULLMAN, WA, 99163_

Phone Number: _509-339-6187_

SUBSCRIBED AND SWORN to before me this _18_ day of _February_, _2025_.

Notary Public: _[signature]_

My Commission Expires: _4/17/25_