BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

LESS THAN STATUTORY NOTICE REQUESTED BY:

Company Name: Skamania County Sanitary Service,	Inc.	Certificate No. <u>G-48</u> UBI No. 601 040 430 6
Registered Trade Name(s)		
Company proposes to change Tariff Number 7 Supp	plement 32	
Fuel Surcharge Tariff Supplement to recover the risir	ng cost of fuel. Fuel inc	aber 7 on Less the Statutory Notice to include a Special dex prices have increased from \$1.9274 per gallon for add a Special Fuel Surcharge Supplement No. 32 in
(This section to be completed if filing is made	le by other than owner	r, partner, or corporate officer of the company)
Name and title of issuing agent Holly Demchuk is	s authorized to issue a	nd file tariffs and/or time schedules on behalf of (name
of company): Skamania County Sanitary Service, Inc	*	
Signature and title of authorizing agent (company of	· · · · · · · · · · · · · · · · · · ·	
Telephone number/fax/e-mail of authorizing agent	509-493-3930/509-493-9	292 (fax)/bgs@gorge.net (email)
I request these provisions become effective: July 1, 20	008 to expire on: July 3	31, 2008
Signature and Title of Issuing Agent: Holly Demchuk	(President)	
Printed name of Issuing Agent: Holly Demchuk		
Telephone No. (509) 493-3930 FAX No. (509) 493-		
Mailing Address P.O. Box 6 City Bingen	State_WA	Zip 98605
WASHINGTON UTILI	TIES AND TRANSPO	RTATION COMMISSION
	<u>ORDER</u>	
 The Commission finds good cause to Effective, with Less Than Statutory N The proposed changes will expire or The temporary% fuel surcharge company during the month of May 2 	Notice on:, 20 n:, 20 e in all rates and charge	nd authorize the proposed changes to become, 2008. 008. es is the result of increased fuel costs incurred by the om customers as follows:
For customers who are billed month the month of July, 2008.	ly for services in arrea	rs, the fuel surcharge applies to all services provided in
DATED and signed at Olympia, Washington, this	day of	(Month/Year)
	By direction	on of the Commission,
Solid Waste Fuel Surcharge LSN Form 10/05	Secretary	