## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT D-190538, Investigation # 7984

**PLEASE NOTE:** You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

stateme	nts.
[ ] 1.	<b>Payment of penalty.</b> I admit that the violations occurred and enclose \$1,000 in payment of the penalty.
2.	<b>Accept conditions.</b> I admit that the violations occurred and accept the Commission's offer to suspend, and ultimately waive, the entire \$1,000 penalty amount subject to the following conditions:
	<ul> <li>Commit no further violations of RCW 19.122 within twelve (12) months of the date of this Notice.</li> </ul>
[ ] 3.	Contest the violations. I believe that the alleged violations did not occur for the reasons I describe below:
	describe below:
OR	<ul> <li>[ ] a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.</li> <li>[ ] b) I ask for a Commission decision based solely on the information I provide above.</li> </ul>
[ ] 4.	<b>Request mitigation.</b> I admit the violations, but I believe that the penalty should be reduced for the reasons set out below:
OR	<ul> <li>[ ] a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.</li> <li>[ ] b) I ask for a Commission decision based solely on the information I provide above.</li> </ul>
OK	[ ] b) I ask for a commission decision based solery on the information i provide above.
	under penalty of perjury under the laws of the State of Washington that the foregoing, g information I have presented on any attachments, is true and correct.
Dated: _	[Month/Day/Year], at PUYALLUP, WA [City, State]
	Respondent (company) – please print  Signature of Applicant
Name of	Respondent (company) – please print Signature of Applicant