

BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

In the matter of the petition of

Docket No. UT 030758

Department of Social and Health Services
(Include name of local governing agency)

Petition and Order

for waiver of WAC 480-120-138 (5)
relating to pay phone service and for an
Order directing restriction of pay phone service

Part 1 - Government (i.e. local police) request

This governmental agency petitions under WAC 480-120-138 (6) for an order authorizing the waiver of provisions in WAC 480-120-138 (5) in order to restrict pay phone service and directing the pay phone service provider to perform the restriction.

Name of petitioner Department of Social and Health Services-Western State Hospital

Address 9601 Steilacoom Blvd. SW, Tacoma, WA Telephone 253-582-8900

Type of restrictions requested Route "911" emergency calls, from designated payphones, to Western State Hospital's Communications Center. The Communications Center will forward emergency calls to the Pierce County, Law Enforcement Support Agency, 911 Center (LESA 911).

Pay phone number(s) and location(s) (attach separate sheet if necessary) See attached payphone list

State facts demonstrating that the waiver is needed to enable the jurisdiction to prevent or limit criminal or illicit activities
Patients in the hospital are placing non-emergency calls to 911 emergency services. In the first 3 months of 2003, 432 calls placed by patients from these payphones were false alarms. Routing the calls to the hospital's communications center will allow the hospital to route only valid calls to 911.
Date May 23, 2003

Signature [Signature] WSH COO
By signing, the person submitting this petition states that the signer has the authority to submit such a petition on behalf of the petitioner and that all information is true and correct to the best of the signer's knowledge and belief.

Part 2 - Pay phone service provider (PSP) agreement

Name of PSP Qwest

Address 1600 7th Ave., Rm 2605 Seattle, WA 98191 Telephone 206-345-1196

As the provider of pay phone service at this location(s), I
 agree that the waiver is appropriate and willingly comply; or,
 disagree that a waiver is needed and oppose the restriction. If you disagree, state why you oppose the restriction _____

The Commission will notify you when this matter will be heard.

If a representative of the PSP is not available or is unwilling to sign, the person submitting this petition may complete the following: A representative of the Pay phone service provider is not available / not willing to sign. I certify that I have mailed faxed a true copy of this petition to the PSP at the address on file with the Commission _____ (Initials of person signing)

Date 5/23/03 Signature [Signature]
By signing, the signer states that he/she has the authority to respond on behalf of the PSP.

NOTE: The pay phone service provider may submit comments to the commission independently of this form., to the address below.

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Part 3 - File with the Washington Utilities and Transportation Commission. Send this completed form to: WUTC, Attn: Records Center, PO Box 47250, Olympia, Washington 98504-7250.

Part 4 - Commission staff review.

Recommendation: Grant the requested waiver.

Reasons: Reroute 911 calls placed from pay phones located at Western State Hospital to the hospital's Communication Center to allow for pre-screening of calls to avoid illicit, criminal, non-emergency and false alarm calls into the Pierce County 911 Center. Waive the 20 day posting requirements to allow for expedited action of this request.

Date June 4, 2003 Staff Signature *Deana Jones-Suits*

Section 5 - Order

This matter was considered at the Commission's Open Meeting of June 11, 2003. Considering the facts stated in the petition, and the comments and recommendations that the Commission received, the Commission takes the following actions:

The petition is granted and the PSP is directed to implement the requested restriction(s).

Effective at Olympia, Washington.

Date June 11, 2003

Signature _____

Commission Secretary or designee