

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PENALTY ASSESSMENT TE-240476

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, 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.

- 1. **Payment of penalty.** I admit that the violations occurred.
 Enclose \$800 in payment of the penalty.
 OR Attest that I have paid the penalty in full through the Commission's payment portal.

- 2. **Contest the violations.** I believe that the alleged violations did not occur for the reasons I describe below (if you do not include reasons supporting your contest here, your request will be denied):
 - a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.
 - OR b) I ask for a Commission decision based solely on the information I provide above.

- 3. **Application for mitigation.** I admit the violations, but I believe that the penalty should be reduced for the reasons set out below (if you do not include reasons supporting your application here, your request will be denied):
 - a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.
 - OR b) I ask for a Commission decision based solely on the information I provide above.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: 7/12/24 [month/day/year], at TACOMA WA [City, State]

ATS - Around the Sound
Name of Respondent (company) – please print

[Signature]
Signature of Applicant

that time.

Thank You for Submitting Your Payment

Your payment of \$800.00 has been processed on 7/12/2024.
(Please allow up to three business days for this charge to post to your account.)

Your confirmation number is: **23708**

If you provided an e-mail address when you submitted your payment, an additional confirmation will be sent to you. If you did not provide an e-mail address, this message will be your only record of this transaction, so please save it to your records.

Any questions can be directed to Accounts Receivable, 360-664-1349

that time.

Payment Checkout

Fields marked with an asterisk (*) are required.

Company/Individual:*

ATS Trans, LLC

(Only ONE company per pay)

First Name:*


STEVEN

Last Name:*

HUTCHINS

Phone:*

(253)470-2291

Email:* 

HUTCH@TRANSPRO.ORG

Address Line 1:*

4023 S Orchard St

Address Line 2:

City:*

Tacoma


State:*

Washington

Zip Code:*

98466

Country:*

United States 

Balance Due:

Unknown

Payment Amount:*

800.00

How do you want to pay?

Credit Card ACH

Routing Number:*

125107707

Account Number:*

1000038909



ROUTING NUMBER ACCOUNT NUMBER

Account Type:*

Business Checking Business Savings

Personal Checking Personal Savings

Initiating the Utility and Transportation Commission's debit payment for the amount due.