OR

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Received

## **IMISSION** Records Management Mar 12, 2025

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION N PENALTY ASSESSMENT TV-250082

**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.

 Payment of penalty. I admit that the violations occurred.
CR Enclose \$200 in payment of the penalty. Attest that I have paid the penalty in full through the Commission's payment portal.
Contest the violations. I believe that the alleged violations did not occur for the

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.

- 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:03-06-2025 [month/day/year], a	t Everett, WA	[City, State]
Dominic Benedetto	10000 the	6tz
Name of Respondent (company) – please print	SignaturonEGD	icant D

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