Signature of Applicant

Narne of Respon ent company | - please print

WAS NGTON UTILITIES A T SPORTATION MMISSION PENALTY ASSESSMENTTV-220049

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. Payment of penal . I admit that the violations occurred and enclose 2,400 in payment of the penal. Contest the violation s. I believe that the alleged violation s did not occur for the reasons I describe below if you do not include reasons supporting your contest here, your request will be denied: I ask for a hearing to present evidence on the inforn1ation I provide above to an administrative law judge for a decision. I ask for a Comrission decision based solely on the i or1r1ation I provide OR above. should be reduced for the reasons set out below if you do notinclude reasons supporting your application here, your request will be denied) I ask for a heal ing to present evidence on the information I provide above to an administrative law judge for a decision. l ask for a Co1<u>r1111i</u>ssion decision based solely on the infonnation l provide OR 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. [city, state]