WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION PENALTY ASSESSMENT TV-210922

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.

matters	set forth	below and I have personal knowledge of those matters. I hereby make, under ng statements.			
[√] 1.	Payment of penalty. I admit that the violations occurred and enclose \$100 in payment of the penalty.				
[] 2.	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):				
	[] a) an admi	I ask for a hearing to present evidence on the information I provide above to nistrative law judge for a decision.			
OR	[] b)	I ask for a Commission decision based solely on the information I provide above.			
[]3.	3. Application for mitigation. I admit the violations, but I believe that the penalty be reduced for the reasons set out below (if you do not include reasons support 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 including	under pe g informa	enalty of perjury under the laws of the State of Washington that the foregoing, ation I have presented on any attachments, is true and correct.			
Day		[month/day/year], at Kennewick, WA [city, state] and city ent (company) – please print Signature of Applicant			

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.

/CI PAYMENTS, INC."

Washington, State of - Utilities & Transportation Commission

Utilities & Earny: Transportation Commission Payment

Confirmation Number

Date & Time

051230

Thursday, December 30, 2021 01:12PM PT

Payment Method	Amount	Service Fee	Total
VISA Ending in 4513	\$100.00	\$3.95	\$103.95

Account Information

Name

David garcia

Street Address

486 E. 15th Place

City

Kennewick

State

WA

Zip code

Country

99337

Country

United States

Daytime phone

(509) 551 - 0163

Email

packitupdg@gmail.com

Payment ID

18229

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