

SEATAC MUNICIPAL COURT
4800 SOUTH 188TH STREET
SEATAC, WA 98188-8605
206.973.4610

REQUEST FOR DECISION ON WRITTEN STATEMENT

Your Name (please PRINT): _____

Your Address (please PRINT):

Citation Number _____
(see upper right corner of citation and/or hearing notice)

I wish to mitigate the infraction(s) and seek a fine reduction

I wish to contest the infraction(s)

Statement:

(If you need more space, please attach additional sheets of paper, along with any other evidence/documentation you want the Court to consider).

I promise that if it is determined that I committed the infraction for which I was cited, I will pay the monetary penalty authorized by law and assessed by the court.

I declare under penalty of perjury of the laws of the State of Washington that the above information, and the information contained in the attachments hereto, is true and correct. I UNDERSTAND THERE CAN BE NO APPEAL FROM A DECISION ON A WRITTEN STATEMENT, pursuant to IRLJ 3.5(e) and STMCLIR 3.5.

Executed this _____ day _____ of 20 _____, at _____
(city/state).

SIGNATURE _____