

FIRST VIOLATION \$150 Penalty	SUBSEQUEN	T VIOLATION \$500 Penalty			
THE UNDER	RSIGNED CERTIFIES AND SAYS	S THAT AT			
PROPERTY ADDRESS:		DATE OF VIOLATION:			
122 N 59TH ST SEATTLE, WA 98103		DECEMBER 30, 2024			
DEFENDANT: LAST	FIRST	OWNER TENANT OTHER			
ASHMAN P.	ATRICK	ZONE: NR3			
MAILING ADDRESS:		DESIGNATION: 0455000275			
122 N 59TH ST SEATTLE, WA 98103		DESIGNATION. 0433000275			
DID THEN AND THERE COMMIT OR IS RESPONSIBLE FOR THE FOLLOWING VIOLATIONS					
Weeds & Vegetation Code Section 10.52.031	DESCRIPTION OF VIOLATION	I:			
	(Include specific facts for each violation.)				
Vegetation encroaching on right-of-way or constituting safety, fire, or health hazard (SMC 10.52)	• Vegetation overgrowth that is encroaching upon the sidewalk obstructing access of the public right-of-way along 59th St. SMC 10.52.010, 10.52.030				
	11/26/2024 – Citation Warning issued				
	12/30/2024 – Re-inspection show citation 1059881-CT-002.	ved no change to the vegetation resulting in			
I certify under penalty of perjury under the laws of the State of Washington that I have reasonable grounds to believe and do believe that the above named person was in violation of the Seattle Municipal Code, and the information contained in this citation is true and correct to the best of my knowledge.					
Laured Jon					
Signature: , at Seattle, WA Date: 01/06/2025					
Lauren Corn INSPECTOR					
I certify that I mailed a copy of the foregoing citation to the above-named party and address, postage prepaid, on					
1-6-2025	Carmen Groshong				
(Dated)		strative Specialist)			
SEE REVERSE SIDE					

	П	NSTRUCTIONS				
	otice represents a determination that a violation has been co you contest it by checking the 3rd box below.	ommitted by the person named in	the citation. This determina	ation will become final		
	nse to Citation: You must respond to this citation within a ailed response must be in the Office of the Hearing Examin			/ed.*		
service	ion is <u>not</u> a criminal offense and cannot result in imprisonme, an order will be entered finding that you committed the v rected.					
You m	ust respond to this citation in one of the following three wa	ays. Please check only one of the	following boxes, as approp	oriate.		
	ponses must be sent to City of Seattle, Hearing Examiner onically ("e-Filed") according to the Hearing Examiner's p			684-0536, or filed		
will be	ls must be received by the Hearing Examiner between the l considered to have been filed the next business day. <u>Deliv</u> Allow extra time if mailing an appeal. It is the appellant's re	very of appeals filed by any form	of USPS mail service may	be delayed by several		
	1. I agree that I either committed or am responsible for in the citation. (Send a check or money order only, payab Examiner's office. Do not send cash. Print the citation no	ble in US funds to the <i>City of Sea</i> umber on the check or money ord	<i>ttle</i> . Payment should be ma er. Only payments in full v	de to the Hearing vill be accepted.)		
	2. I request a mitigation hearing to explain the circumstances surrounding the commission of the violation and to request a reduction of the penalty. By requesting a mitigation hearing, you will be deemed to have committed or have been responsible for the violation. A penalty reduction cannot be considered unless the violation is cured and compliance has been confirmed by SDCI prior to your hearing. You must contact SDCI at least four business days prior to your hearing date for an inspection to determine whether the violation has been cured.					
	3. I request a hearing to contest the violation. I believe the violation did not occur or I am not responsible for the violation for the reasons listed below:					
	(Diada and be consider	d The beside is limited to the				
	(Blanks must be completed. The hearing is limited to the reasons listed.) I request an interpreter at my hearing in the following language:					
	RESPONDENT'S SIGNATURE	CITY	STATE	ZIP		
If you request either a mitigation or contested hearing, you must fill in the information below to receive notice of your hearing date. Do not send payment with your hearing request. You will be notified in writing of your hearing date. Send this completed page to City of Seattle, Hearing Examiner, PO Box 94729, Seattle, WA 98124-4729.						
	PRINT NAME	MAILING ADDRESS				
	AREA CODE PHONE NUMBER	CITY	STATE	ZIP		
	 * The date of service is: a) the date the Notice of Citation was mailed; or b) the date the Notice of Citation was served on you; or c) the date the Notice of Citation was posted on the property. If multiple methods of service are used, the earliest date is the date of service. 					
PAYMENT OF THE MONETARY PENALTY OR REQUEST FOR A MITIGATION HEARING DOES NOT RELIEVE YOU OF						
THE DUTY TO CORRECT THE VIOLATION.						