CITATION

No. 1061801-CT-002

FIRST VIOLATION \$150 Penalty		ENT VIOLATION \$500 Penalty					
THE UNDE	RSIGNED CERTIFIES AND SAY	YS THAT AT					
PROPERTY ADDRESS: 146 NE 59TH ST SEATTLE, WA 98105		DATE OF VIOLATION: NOVEMBER 21, 2025					
DEFENDANT: LAST	FIRST	OWNER TENANT OTHER					
ELLSWORTH III D MAILING ADDRESS: 146 NE 59TH ST SEATTLE, WA 98105		ZONE: NR3 DESIGNATION: 3856900335					
					DID THEN AND THERE COMM	IIT OR IS RESPONSIBLE FOR T	THE FOLLOWING VIOLATIONS
					Weeds & Vegetation Code Section 10.52.031 Vegetation encroaching on right-of-way or constituting safety, fire, or health hazard (SMC 10.52) DESCRIPTION OF VIOLATIO (Include specific facts for each v • Vegetation overgrowth obstructing access of t 10.52.010, 10.52.030 Background: Citation Warning was issued of		on 09/26/2025. Warning stated that the sidewalk vegetation and any branches overhanging the
I certify under penalty of perjury under the laws of the above named person was in violation of the Seattle Mest of my knowledge. Signature: s Juan Guerrero INSPECTOR	Iunicipal Code, and the informatio	reasonable grounds to believe and do believe that the on contained in this citation is true and correct to the Date:12/09/2025					
I certify that I mailed a copy of the foregoing citation 12/9/25 (Dated)	June Comp						

INSTRUCTIONS

This notice represents a determination that a violation has been committed by the person named in the citation. This determination will become final unless you contest it by checking the 3rd box below.

Response to Citation: You must respond to this citation within fifteen (15) calendar days from the date that citation was served.*

Any mailed response must be in the Office of the Hearing Examiner by 5:00 p.m. on the day the response is due.

A citation is <u>not</u> a criminal offense and cannot result in imprisonment as a sanction. However, if you do not respond within 15 calendar days of service, an order will be entered finding that you committed the violation and imposing a penalty. Additional citations may follow if the violation is not corrected.

You must respond to this citation in one of the following three ways. Please check only one of the following boxes, as appropriate.

All responses must be sent to City of Seattle, Hearing Examiner, PO Box 94729, Seattle, WA 98124-4729 or filed electronically ('e-Filed') according to the Hearing Examiner's process found at www.seattle.gov/examiner/efile.htm.

Appeals must be received by the Hearing Examiner between the hours of 8 a.m. and 5 p.m., M-F. Appeals received by e-Filing after 5 p.m. will be considered to have been filed the next business day. <u>Delivery of appeals filed by any form of USPS mail service may be delayed by several days.</u> <u>Allow extra time if mailing an appeal.</u> It is the appellant's responsibility to confirm with the Hearing Examiner that an appeal has been received.

1. I agree that I either committed or am responsible for the violation and choose to pay the monetary penalty specified in the citation. (Send a check or money order only, payable in US funds to the <i>City of Seattle</i> . Payment should be made to the Hearing Examiner's office. Do not send cash. Print the citation number on the check or money order. Only payments in full will 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:					
(Blanks must be completed. The	e hearing is limited to the reasons	s 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 m date. Do not send payment with your hearing request. You we Send this completed page to City of Seattle, Hearing Examiner.	vill be notified in writing of you	r hearing date.	of your hearing		
PRINT NAME					
I KINI DAWIL	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.