



**Office of
Administrative Hearings**

11930 Cyrus Way
Mukilteo, WA 98275
425-263-8022

GOOD CAUSE HEARING REQUEST
TRAFFIC CAMERA INFRACTION

Date of Request: _____

Date of Scheduled Hearing: _____

Date of Infraction: _____

Ticket No: _____

Plate No: _____

Complete the form to request judicial reconsideration if you have failed to respond to your Notice of Infraction in a timely manner or appear for a scheduled hearing.

Choose one of the following:

Reschedule a new Hearing date

Request for Payment Plan

Remove case(s) from collections

Other

Full Name: _____
First M.I. Last

Address: _____
Street City State Zip Code

Email: _____ Phone: _____

STATEMENT OF RESPONDENT – REQUEST FOR RECONSIDERATION

By signing this form, you agree and acknowledge that:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (Perjury is a criminal offense; see Chapter 9A.72 RCW)

Signature: _____ Date: _____

Hearing Examiner's Decision: _____

Hearing Examiner Signature

Date