



**King County**  
**Road Services Division**  
Department of Transportation  
201 South Jackson Street  
Seattle, WA 98104-3856

## **MITIGATION PAYMENT SYSTEM FEE RECONSIDERATION REQUEST FORM**

Please complete the Mitigation Payment System Fee Reconsideration Request form and attach a copy of any additional transportation studies (if available). Mail your completed form to:

King County Department of Transportation  
MPS Program  
Road Services Division  
201 South Jackson St. MS KSC-TR-0317  
Seattle, WA. 98104

Or email it to: [jeff.lee@kingcounty.gov](mailto:jeff.lee@kingcounty.gov)

Date: \_\_\_\_\_

File Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Please state your reasons for your MPS Fee Reconsideration Request:

---

---

---

---

---

---

---

---

---