

<CITY>, Florida
 RED-LIGHT VIOLATIONS PROCESSING CENTER
 PO Box 1730
 Denver, CO 80201-1730
 Customer Service <Toll free number>

Florida Uniform Traffic Citation



<***BAR CODE NUMBER***>

John Doe Jr
123 Main Street
Somewhere, FL 12345-12

You may examine and observe your images and video at the below Internet location.

<http://www.public.cite-web.com>

Violation Number:

Pin Number

Amount Due: \$<AmtDue>

Issue Date: <IssueDate>

FLORIDA UNIFORM TRAFFIC CITATION

XXXX-XXX Check digit X

COUNTY OF		<input type="checkbox"/> (1) F.H.P.		<input type="checkbox"/> (2) P.D.		<input type="checkbox"/> (3) S.O.		<input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY NAME: _____							
		AGENCY # _____							
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON:		SUMMONS (VIOLATOR'S COPY)							
DAY OF WEEK	MONTH	DAY	YEAR					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME (PRINT) FIRST		MIDDLE		LAST					
STREET IF DIFFERENT THAN ONE ON DRIVER LICENSE, "X" HERE									
CITY		STATE		ZIP CODE					
TELEPHONE NUMBER		DATE OF BIRTH MO		DAY	YR	RACE	SEX	HGT	
DRIVER LICENSE NUMBER	STATE	CLASS	CDL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	YR LICENSE EXP		COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO			
YR. VEHICLE	MAKE	STYLE	COLOR		PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO				
VEHICLE LICENSE NO.		TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 16 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY					MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMPANION CITATION NUMBER(S)									
FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____									
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE: Section 316.075(1)(C) Failure to stop at a red light signal pursuant to 316.0083; code 547 Red Light Camera violation.									

ISSUE DATE: <Issue Date+30> **FINE AMOUNT:** \$<AmtDue>

Location: <Location of Violation>

Violation Date and Time: <Violation Date & Time>

Vehicle License Number: <License Plate # and State>

Important instructions to individuals charged with a non-criminal traffic infraction. You have been issued a uniform traffic citation for a violation of **State Statue code 547-Red-Light Camera, Section, 316.075(1) (c) 1 failure to stop at a red traffic signal pursuant to F.S. 316.0083 of the Florida State Statutes.** You are required to comply with one of the options listed on the left side of this page. If you fail to comply with one of the options by the date listed your driving privilege may be suspended until you comply and you may incur additional cost associated with non-compliance. **IF YOU CHOOSE OPTION A, COURT APPEARANCE IS NOT REQUIRED.**

YOU HAVE THE RIGHT TO EXAMINE AND OBSERVE THE IMAGES AND VIDEO EVIDENCE OBTAINED FOR THIS CASE: The recorded images and video of your violation will be submitted as evidence for the disposition of this violation. To view your images and video online at: www.public.cite-web.com. You will need your Violation # and Pin # printed on the top of this Notice inside the red box. If you do not have Internet access, you have the right to examine and observe your video and images at <viewing location >.

SIGNATURE OF VIOLATOR _____ DATE _____

BADGE NUMBER _____ TROOP/UNIT NUMBER _____

TROOPER/OFFICER NAME _____ TROOPER/OFFICER RANK _____

/s/ Electronic Signature _____

SIGNATURE OF OFFICER _____ TROOPER/OFFICER ID _____

DIRECTIONS TO RESOLVE THIS CITATION

OPTIONS: MARK ONLY ONE

Option A: PAYMENT BY MAIL \$<AmtDue> must be received by <Issue Date+30> payable by check or money order directly to the <County Name> Clerk of Court. Include this original Citation with your payment. Please keep a copy for your records. **MAILING ADDRESS FOR THE CLERK OF COURT:** <County Name> Clerk of the Court, <Street Add>, <City>, FL <ZIP>. **DO NOT MAIL CASH.**

PAYMENT IN PERSON \$<AmtDue> must be paid in person at the Clerk of the Court, <Street Add>, <City>, FL <ZIP> on or before <Issue Date+30>. Include this original Citation with your payment. Please keep a copy for your records.

To make a payment on line: <web address>

Option B: REQUEST A HEARING To Plead Not Guilty—request a court hearing prior to <Issue Date+30>. Send this original Citation to the <County Name> Clerk of the Court, <Street Add>, <City>, FL <ZIP>. Please keep a copy for your records. **TO REQUEST A HEARING, CHECK THE OPTION B BOX. IF THIS BOX IS NOT CHECKED A HEARING WILL NOT BE SCHEDULED. THE COURT WILL SCHEDULE YOUR HEARING AND NOTIFY YOU OF THE DATE, TIME AND LOCATION.**

