

# REQUEST FOR LOCAL HEARING

## RED LIGHT VIOLATION

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*Driver/Vehicle Owner and Notice of Violation Information (NOV) (To be provided by requestor)*

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

Name (Typed or Printed): \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

NOV Number: \_\_\_\_\_

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

Tag Number: \_\_\_\_\_ Driver License Number \_\_\_\_\_

Agency/Issuing Authority: \_\_\_\_\_

Issuing Officer/Agent Name: \_\_\_\_\_

Badge #: \_\_\_\_\_

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*Local Hearing Officer Information (To be provided by local authority)*

Local Hearing Officer: \_\_\_\_\_

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

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

POC Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**THIS PAGE OF THE DOCUMENT MUST BE INCLUDED WITH THE AFFIDAVIT ON THE NEXT PAGE!**

# Affidavit Requesting Hearing and Forfeiting Ability to Contest Delivery

I \_\_\_\_\_ hereby request a formal hearing  
(NAME)  
before a hearing officer in the county of \_\_\_\_\_. I understand that I must submit  
(COUNTY)  
this request to the clerk for the assigned local hearing officer within **60 days** from the date posted on the Notice of Violation (NOV). I understand that by filing a request for this hearing, I waive my ability to contest the delivery of the NOV as set forth in *F.S.S. 316.0083 (c) and (d)*. I understand that I have the option to reschedule a hearing once by notifying the appropriate clerk for the local hearing officer in writing at least 5 days prior to the scheduled hearing. I understand that if I do not reschedule my hearing and I fail to appear for this hearing that I will be adjudicated guilty and I am responsible for all fines and/or fees and that a vehicle registration stop will be placed on my record. I also understand that if the NOV is affirmed by the local hearing officer, that I am responsible for the payment of the original penalty plus up to **\$250.00** in local fees as set forth in *F.S.S. 316.0083 (5)*. I attest that I fully understand the stipulations of these laws and the associated penalties. Sworn by me on and affirmed by my signature below.

**Printed Name:** \_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_