

# UNIFORM TRAFFIC CITATION

ISSUE DATE: **January 1, 2020**



JANE E DOE  
0000 PARK ST  
HOLLYWOOD FL 99999-9999



### DIRECTIONS TO RESOLVE THIS CITATION

**If you are a SunPass, E-Pass or Leeway Account Holder, and the vehicle license plate noted on the citation was on a valid toll account at the time the tolls were incurred:** You must contact the appropriate Toll Account Service Center to obtain written proof the account was valid. The proof must be faxed with a copy of the citation and your contact information to 1-855-650-5840 by Jan 31, 2020.

### Service Centers

SunPass: (888) 865-5352  
E-PASS: (407) 823-7277  
LeeWay: (239) 533-9297

If this is not applicable, you must choose one of the following options listed below.

**FAILURE TO RESOLVE THIS CITATION BY COMPLYING WITH ONE OF THESE OPTIONS MAY RESULT IN YOUR DRIVER LICENSE BEING SUSPENDED. A COURT MAY SUSPEND A DRIVER LICENSE FOR 60 DAYS FOR A PERSON CONVICTED OF 10 OR MORE TOLL VIOLATIONS WITHIN A 36 MONTH PERIOD.**



**Location:** I-75 / EVERGLADES EAST 06D  
**Violation Date and Time:** 07/25/2010 4:42:09 PM  
**Vehicle License:** 000000 FL

<b>FLORIDA UNIFORM TRAFFIC CITATION</b>		<b>8559-ZYN</b>	CHECK DIGIT: <b>5</b>
COUNTY OF <b>HILLSBOROUGH 03</b>		<input type="checkbox"/> (1) F.P. <input type="checkbox"/> (2) P.P. <input type="checkbox"/> (3) S.U. <input checked="" type="checkbox"/> (4) U.I.R.	
CITY (IF APPLICABLE)		AGENCY NAME <b>THEA</b> AGENCY # <b>OFFICE OF TOLL OPERATIONS - 091</b>	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON <b>SUMMONS</b> (DEFENDANT'S COPY)			
DAY OF WEEK <b>Sun</b>	MONTH <b>07</b>	DAY <b>25</b>	YEAR <b>2010</b> 4:42:09 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME FIRST <b>JANE</b> MIDDLE <b>E</b> LAST <b>DOE</b>			
STREET <b>0000 PARK ST</b> IF DIFFERENT THAN ONE ON DRIVER'S LICENSE "X" HERE			
CITY <b>HOLLYWOOD</b>		STATE <b>FL</b>	ZIP CODE <b>99999-9999</b>
TELEPHONE NUMBER	DATE OF BIRTH MO <b>10</b> DAY <b>05</b> YR <b>1981</b>	RACE	SEX <b>F</b> HGT
DRIVER LICENSE NUMBER <b>Z0000000000000</b>	STATE <b>FL</b> CLASS <b>E</b> CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR. LICENSE EXP.	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
YR. VEHICLE <b>2009</b> MAKE <b>FORD</b> STYLE <b>TK</b> COLOR <b>RED</b>	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO		
VEHICLE LICENSE NO. <b>000000</b> TRAILER TAG NO.	STATE <b>FL</b> YEAR TAG EXPIRES	> 16 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>I-75 / EVERGLADES EAST 06D</b>			MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO
			COMPANION CITATION NUMBER(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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.			
IN VIOLATION OF: <input type="checkbox"/> LOCAL ORDINANCE <input checked="" type="checkbox"/> STATE STATUTE SECTION 316.1001			
ISSUE DATE: <b>01/01/2020</b>		TOLL REQUIRED: <b>\$2.50</b>	
<p><b>IMPORTANT INSTRUCTIONS TO AN INDIVIDUAL CHARGED WITH A NON-CRIMINAL TRAFFIC INFRACTION. IF YOU CHOOSE OPTION A OR B BELOW, COURT APPEARANCE IS NOT REQUIRED. YOU WERE ISSUED A UNIFORM TRAFFIC CITATION FOR A VIOLATION OF SECTION 316.1001, FLORIDA STATUTES, WHICH REQUIRES THAT YOU COMPLY WITH ONE OF THE OPTIONS. IF YOU FAIL TO COMPLY WITH ONE OF THE FOLLOWING OPTIONS WITHIN THE PERIOD SPECIFIED BELOW, YOUR DRIVING PRIVILEGE WILL BE SUSPENDED AS OF THE DATE OF SUCH FAILURE UNTIL YOU COMPLY. YOU WILL NOT BE ABLE TO RENEW YOUR VEHICLE REGISTRATION, AND YOU SHALL BE REQUIRED TO PAY A PENALTY AND A SERVICE FEE.</b></p>			
<p><b>OPTIONS: (Mark One)</b></p> <p><input type="checkbox"/> <b>Option A</b> Pay \$ xxx.xx by mm/dd/yyyy Payment can be made at <a href="http://www.THEA-Tolls.com">www.THEA-Tolls.com</a> using Client Code FLSTTHEA2 and Online Payment Number ##### or by calling 1-877-258-5205 or by mail. Send (in U.S. funds) a money order or cashier's check payable to: THEA-LGBS. Sign, date, and send this original Citation, with your payment directly to the THEA Citation Service Center, Client # FLSTTHEA2, PO Box 702118, San Antonio, TX 78270. <b>DO NOT MAIL CASH</b></p> <p><input type="checkbox"/> <b>Option B</b> Pay \$ xxx.xx by mm/dd/yyyy Payment can be made on the Clerk of the County Court website: <a href="http://www.hillsclerk.com">www.hillsclerk.com</a> or by mail or in person. Send (in U.S. funds) money order, cashier's check, or personal check payable to: Clerk of the Circuit Court. Sign, date, and send this original Citation with your payment, directly to the Clerk of the Circuit Court Traffic, PO Box 3360 Tampa, FL 33601-3360. <b>DO NOT MAIL CASH</b></p> <p><input type="checkbox"/> <b>Option C</b> Plead Not Guilty and Request a Court Hearing by: mm/dd/yyyy Sign, date and send this original Citation directly to the Clerk of the County Court Traffic, PO Box 3360 Tampa, FL 33601-3360. <b>THE COURT WILL SCHEDULE YOUR HEARING AND WILL NOTIFY YOU OF THE DATE</b></p>			
Defendant Signature _____			Date _____
RANK - SIGNATURE OF OFFICER _____		BADGE NO. _____	ID. NO. _____
TROOP/UNIT _____		FORM NO. SP050-A-002	