

LOGO  
HERE

**AGENCY NAME HERE**  
**Photo Enforced Red Light Violation Program**  
**PO Box 22091**  
**Tempe, AZ 85285-2091**  
**Customer Service: 1-866-790-4111**

**AGENCY NAME**  
**NOTICE OF VIOLATION**

NOTICE #: **0930500001234**  
 PIN #: **0123**  
 View your video and pay with your Visa or MasterCard at [www.ViolationInfo.com](http://www.ViolationInfo.com)

**Amount Due: \$158.00**  
**Due Date: Issue date + 60 days**

**[Violator Name]**  
**[Violator Street Address]**  
**[Violator City, State, ZIP]**



|   |                     |                              |                           |   |                          |
|---|---------------------|------------------------------|---------------------------|---|--------------------------|
| ON/ (Date)<br><b>7/01/2013</b>  |                     | AT TIME<br><b>1:13:35 PM</b> |                           | AT LOCATION<br><b>N/B SHEELER AVE @ US441</b> |                          |
| NAME<br><b>[Violator Name]</b>  |                     |                              |                           |   |                          |
| STREET ADDRESS<br><b>[Violator Street Address]</b>  |                     |                              |                           |   |                          |
| CITY<br><b>[Violator City]</b>  |                     |                              | STATE<br><b>[State]</b>   |   | ZIP CODE<br><b>[ZIP]</b> |
| DID UNLAWFULLY <input type="checkbox"/> OPERATE / DRIVE <input type="checkbox"/> PARK   |                     |                              |                           |   |                          |
| V<br>E<br>H<br>I<br>C<br>L<br>E   | YEAR<br><b>2003</b> | MAKE<br><b>Chevrolet</b>     | MODEL<br><b>Impala</b>    | STYLE<br><b>4-door</b>                        | COL-OR                   |
|   |                     | L<br>I<br>C                  | NUMBER<br><b>XXXX-XXX</b> | STATE<br><b>[State]</b>                       | YEAR<br><b>2008</b>      |
| DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE:<br><b>FAILURE TO COMPLY WITH A STEADY RED SIGNAL</b><br><b>The recorded images relating to the vehicle stated above are evidence of this infraction.</b> |                     |                              |                           |   |                          |
| IN VIOLATION OF:<br><b>Florida Statutes Sections 316.0083, 316.074(1) and 316.075(1)(c)1</b>  |                     |                              |                           |   |                          |
| POLICE DEPARTMENT<br><b>PRINTED NAME</b>  |                     |                              |                           | DATE<br><b>7/01/2013</b>                      |                          |
| BADGE# <b>XXX</b>   |                     |                              |                           |   |                          |
| THE [AGENCY NAME] POLICE DEPARTMENT, BASED ON THE INSPECTION OF THE RECORDED IMAGES, CHARGES THE VIOLATOR WITH A RED ZONE INFRACTION AND A:   |                     |                              |                           | ISSUE DATE<br><b>7/01/2013</b>                |                          |
| <b>CIVIL PENALTY FINE OF \$158.00</b>   |                     |                              |                           |   |                          |



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Pay with your Visa or MasterCard at [www.ViolationInfo.com](http://www.ViolationInfo.com) or mail your check or money order with this coupon to the address below.



|                         |                           |                   |
|-------------------------|---------------------------|-------------------|
| NAME: [Violator Name]   | DUE: Issue date + 60 days |                   |
| NOTICE #: 0930500012345 | VERSION: 1                | ISSUED: 7/01/2013 |
| PLATE: XXXX-XXX         | STATE: FL                 | TYPE: 4 DOOR      |

**No points will be assessed for this Notice of Violation nor will it affect vehicle insurance rates.**

- ✓ Si necesita ayuda en Español, favor llame al **1.866.225.8875**.
- ✓ Please respond with payment, request a hearing, or submit an affidavit postmarked on or before the Due Date to avoid issuance of a Uniform Traffic Citation ("UTC"). See instructions on reverse side.
- ✓ Pay with your Visa or MasterCard at [www.ViolationInfo.com](http://www.ViolationInfo.com) or mail your check or money order with this coupon to the address to the right.
- ✓ Make your check or money order payable to **Agency Name**.
- ✓ DO NOT MAIL CASH.
- ✓ Write the Notice # on the front of your payment.
- ✓ Insert this tear-off coupon in the enclosed envelope with the address (at the right) showing through the window.

Agency Name Here  
 Payment Processing Center  
 PO Box 742527  
 Cincinnati, OH 45274-2527

1 0930700012345 000000014841 100006

Your vehicle was observed by a traffic infraction detector failing to comply with a steady red light signal, in violation of Florida Statutes §§ 316.0083, 316.074(1) and 316.075(1)(c)1, at the intersection, date, and time stated on the front page of this Notice. This is a non-criminal infraction of state law. No points will be assessed, and this violation may not be used to set motor vehicle insurance rates.

This violation has been issued by [the Agency Name].

You have the following three options:

- a) Pay this violation in the amount of \$158.00 on or before the Due Date specified on the front of this Notice; or
- b) Submit an Affidavit by following the instructions below; or
- c) Request a hearing by signing and mailing the form below. You will be notified by letter of the time and date of the hearing. If you request a hearing and the local hearing officer concludes that no infraction has been committed, this Notice will be dismissed and no costs or penalties shall be imposed. If the local hearing officer concludes that an infraction has been committed, the local hearing officer will uphold the Notice, and you will be responsible for payment of \$158.00 fine as well as additional administrative fees and costs not to exceed \$250.00 as imposed by the local hearing officer.

**SUBMISSION OF AFFIDAVIT:** You may download an Affidavit at [www.ViolationInfo.com](http://www.ViolationInfo.com). As the registered owner of the vehicle, you are deemed responsible for the violation and the payment of a \$158.00 penalty unless, in compliance with Florida Statute § 316.0083(1)(d)1.a-d, you establish by a sworn affidavit that a statutory exemption applies. The exemptions are that the motor vehicle: (a) passed through the intersection in order to yield the right-of-way to an emergency vehicle or as part of a funeral procession; (b) passed through the intersection at the direction of a law enforcement officer; (c) was, at the time of the violation, in the care, custody, or control of another person; or (d) a UTC was issued by a law enforcement officer to the driver of the motor vehicle for the violation of Florida Statute § 316.074(1) and § 316.075(1)(c)1 stated in this Notice. **The affidavit must be sworn before a notary public or other person authorized to administer oaths.** If you assert that the vehicle was in the care, custody, or control of another person, you **must** provide the **name, address, date of birth**, and, if known, the driver's license number of the person who leased, rented, or otherwise had care, custody, or control of the vehicle at the time of the violation. If the vehicle was stolen, then the affidavit **must** include a copy of a police report showing the vehicle to have been stolen. If you assert that a UTC was issued by a law enforcement officer for the violation of Florida Statute § 316.074(1) and § 316.075(1)(c)1 stated in this notice, then you must include the serial number of the UTC. For faster processing, you may, but are not required to, include a copy of the UTC. If your affidavit complies with the requirements of Florida Statute § 316.0083, then no further action will be taken against you. **The submission of a false affidavit is a misdemeanor of the second degree, punishable under Florida Statute § 775.082 or § 775.083 by a term of imprisonment not to exceed sixty (60) days and/or a fine not to exceed \$500.00.** If submitting an affidavit, it must be postmarked on or before the Due Date specified on the front page of this Notice in order to be appropriately processed. The affidavit should be mailed to [Agency Name], c/o Intersection Safety Program, PO Box 22091, Tempe, AZ85285-2091.

**Do not send payment or Affidavit to the Clerk of the Court.**

If you fail to respond as outlined above, postmarked by the Due Date, a Uniform Traffic Citation ("UTC") will be issued to you. Upon issuance of a UTC, you shall have the remedies specified in Florida Statutes Sections 316.0083 and 318.14, which include (a) the right to pay the civil penalty in the amount of \$xxx.xx; (b) the right to submit an affidavit; or (c) the right to have a hearing before a designated official, who shall determine whether an infraction has been committed. If the official concludes that no infraction has been committed, the UTC will be dismissed and no costs or penalties shall be imposed. If the official concludes an infraction has been committed, the official will uphold the UTC and may impose an additional civil penalty not to exceed \$500 and court fees and costs. Failure to pay, submit an affidavit, or request a hearing on the UTC could result in your driving privileges being suspended.

**VIEW YOUR 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. You may view your images and video online at [www.ViolationInfo.com](http://www.ViolationInfo.com). You will need your Notice # and PIN printed on the front of this Notice inside the red box. If you do not have internet access, you may view your video and images at any public library.

**QUESTIONS:** If you have any questions, please contact Customer Service toll free at **1-866-225-8875**.  
(You must be the registered owner of the vehicle to discuss this violation with Customer Service.)

### PAYMENT INSTRUCTIONS

**ONLINE PAYMENT:** The fastest and easiest way to pay your \$158.00 penalty is online. Go to [www.ViolationInfo.com](http://www.ViolationInfo.com) and log on with your Notice # and PIN shown in the red box on the front of this notice. Click the Pay button. There is a \$\_\_\_ convenience fee for this service.

**PAYMENT BY PHONE:** Call toll free **1-866-225-8875** available 24 hours a day, 7 days a week. There is a \$\_\_\_ convenience fee.

**PAYMENT BY MAIL:** Mail your check or money order (payable to [Agency Name]) in the enclosed envelope with the coupon printed at the bottom of the reverse side of this Notice. PLEASE DO NOT MAIL CASH. Be sure to put the Notice # (see reverse) on the face of your payment. Payment must be postmarked on or before the Due Date.

**PAYMENT IN PERSON:** [You may pay in person by check or money order at [PAYMENT LOCATION ].] or [Payments in person are not accepted.]

### HEARING REQUEST FORM

To request a hearing on the above referenced Notice of Violation pursuant to Florida Statutes 316.0083, please submit the signed and dated coupon below in the envelope provided. The local hearing officer shall issue a final administrative order. **If the Notice of Violation is upheld, the petitioner will be required to pay \$158.00 and may also be required to pay county or municipal costs, not to exceed \$250.00.**

Detach here and return bottom portion as a request for an administrative adjudicative hearing.

I submit this form as a request to contest this Notice of Violation and acknowledge that it must be postmarked by the Due Date of this notice to be a valid request. I understand that I must attend this hearing in person, unless represented by counsel appearing in person on my behalf. I also understand that I will be notified of the date, time and location of the hearing.

045130006334



**Please sign and print name using blue or black ink.**

**Signature:** \_\_\_\_\_

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