## **REQUEST FOR LOCAL HEARING**

## **RED LIGHT VIOLATION**

Driver/Vehicle Owner	and Notice of Violation Information	n (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 #:		
Local He	earing Officer Information (To be pr	ovided 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**

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(NAME)

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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. 316.083 (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. 316.083 (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.

(DATE)

Printed Name:

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Signature of Requestor:

Date Signed: