

**REQUEST FOR LOCAL HEARING SCHOOL ZONE SPEEDING  
CAMERA 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 #:** \_\_\_\_\_

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

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

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

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