

**REQUEST FOR LOCAL HEARING SCHOOL ZONE SPEEDING
CAMERA VIOLATION**

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: _____

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

Local Hearing Officer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

POC Telephone Number: _____ **Fax:** _____