

REQUEST FOR LOCAL HEARING RED LIGHT 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 #: _____

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

Local Court or Hearing Officer: _____

Address: _____

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

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

Please mail the Affidavit and supporting documentation to:
City of Midway Police Department, 50 M.L. King Blvd., Midway, FL 32343



Affidavit Requesting Hearing and Forfeiting Ability to Contest Delivery:

I _____, hereby request a formal hearing before a local court or hearing officer in the county of _____ (COUNTY).

I understand that I must submit this request to the clerk of the court or 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 of the court and/or the clerk for the local hearing officer in writing at least 5 calendar 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 stop will be placed against the registration of all vehicles that have me listed as a registrant. I also understand that if the NOV is affirmed by the court and/or 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.

Printed Name: _____

Signature of Requestor: _____

Date Signed: _____

Please mail the Affidavit and supporting documentation to:
City of Midway Police Department, 50 M.L. King Blvd., Midway, FL 32343