

Town of Bridgewater Police Department

AFFIDAVIT OF REBUTTAL

Mail, Fax, or Email This Form To: Town of Bridgewater Police Department District Court Hearing Request Department 3903 Volunteer Dr., #400 Chattanooga, TN 37416 Fax: (423) 702-4404 Email: Hearings@violationpayment.net

Summons Number:

Vehicle License Plate Number: _____

State:

If the registered owner of the vehicle received a notice of summons for speeding but was not operating the vehicle at the time the violation occurred, the owner of a vehicle may present an Affidavit of Rebuttal by mail or, in open court to rebut the assumption that you, as the registered owner, were operating the vehicle at the time of the alleged violation. *NOTE: This affidavit does not constitute as a request for a hearing, that form is located under the "Contest your Citation" tab of the website where this form was found.

You must accurately write the entire Summons Number that appears in the box in the upper right of the front of the Notice of Summons. Also, please provide the license plate number and state for the vehicle involved in the violation. Please write clearly and make sure you record the information accurately. <u>Information of the person who was operating the vehicle at the time of the alleged violation must be provided below and notarized</u>. If proper information is not provided, the request will be invalid.

I received the Notice of Summons number listed above. At the time of the violation,			
 Another party was operating the vehicle a may be held liable for the violation is pro Vehicle was stolen and was operated by Vehicle license plate and/or tag was stole Commercial motor vehicle and the ticket *I declare under penalty of perjuinformation provided in this 	vided below. (ALL INFOR a person other than the re en (include a copy of the p is issued to a corporate e ry under the laws o	MATION MUST BE CO egistered owner (include police report) ntity f the State of Exe	MPLETED) e copy of the police report) cution of this form that the*
Your Signature			Date
Print your name			Your telephone number
Your Street Address	City	State	Zip Code
DESIGNATED PARTY:			
	Print Drivers	name	
Street Address of Driver	City	State	Zip Code
State of:			
County of:			
SUBSCRIBED AND SWORN to before me on this day of, 20			