



TOWN OF HOMER

TRANSFER OF LIABILITY FORM

Notice of Violation Number: _____

Vehicle License Plate Number: _____ State: _____

If the registered owner of the vehicle received a civil penalty notice for speeding, but was not operating the vehicle at the time the violation occurred, the owner of a vehicle may transfer the citation and penalty to a designated person that was operating the vehicle at the time the violation occurred. An affidavit must be filed within **30 days after receipt of the ticket**, and provided to the law enforcement agency of the local authority.

You must accurately write the entire Notice Number that appears in the box in the upper right of the front of the Notice of Violation. 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. If the Notice of Violation Number is unclear or incorrect, the Hearing Officer will not be able to match your declaration to your violation. **Information of the designated party must be provided below and notarized. If proper information is not provided, the request will be invalid.**

I received the Notice of Violation number listed above. At the time of the violation,

- Another party was operating the vehicle at the time of the violation. The designated party who may be held liable for the violation is provided below. (ALL INFORMATION MUST BE COMPLETED)
- Vehicle was stolen and was operated by a person other than the registered owner (include copy of the police report)
- Vehicle license plate and/or tag was stolen (include a copy of the police report)
- Commercial motor vehicle and the ticket is issued to a corporate entity

***I declare under penalty of perjury under the laws of the State of Execution of this form that the* information provided in this declaration is true and correct to the best of my knowledge.**

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 _____: SS

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20____.

Notary Public

Mail or fax this affidavit to:

**TOWN OF HOMER
Photo Speed Division
3903 Volunteer Dr. #400
Chattanooga, TN 37416
Fax: 423.803.1500**