



TOWN OF SHALIMAR AFFIDAVIT

Notice of Violation Number: (Full Number)	License Plate Number:	State:
--	------------------------------	---------------

The Affidavit must be filed within 30 days of the issue date per FLA Stat. § 316.1896 (7). Please write clearly and make sure you record the information accurately. **Information of the person who was in the care, and custody, or control of the vehicle at the time of the alleged violation must be provided below and the form must be notarized.**

All fields are required unless otherwise stated. Incomplete forms will be denied

Registered Owner's Information				Driver's Information		
Printed Name:				Printed Name:		
Street#:	Street Name:	Apt/Unit/Lot#	Street #:	Street Name:	Apt/Unit/Lot#	
City:	State:	Zip:	City	State:	Zip:	
Registered Owner's Signature		Date:	Driver DL/OL# (if known):			
Phone #:			Driver Date of Birth:			

I received the Notice of Violation and at the time of the violation,

☐ The motor vehicle was, at the time of the violation, in the care, and custody or control of another person. The designated party who may be held liable for the violation is provided above.

☐ Vehicle, license plate/tag was stolen and was operated by a person other than the registered owner **(include a copy of the police report)**

☐ Registered Owner was deceased on or before the date of the alleged violation (include death certificate and **one** of the following:

- A bill of sale or other document showing that the deceased owner's motor vehicle was sold or transferred after his or her death but on or before the date of the alleged violation, or
- Documented proof that the registered license plate belonging to the deceased owner's motor vehicle was returned to the department or any branch office or authorized agent of the department after his or her death but on or before the date of the alleged violation, or
- a copy of the police report showing that the deceased owner's registered license plate or motor vehicle was stolen after his/her death but on or before the date of the alleged violation.)

☐ A uniform traffic citation for a violation of FLA. Stat 316.1895 or s. 316.183 was issued at the location of the violation by a law enforcement officer (include the serial number of the uniform traffic citation)

State of:	County of:
SUBSCRIBED AND SWORN before me on this _____ day of _____,	
Notary Public	

Mail, Fax, or Email This Form To:

Town of Shalimar
State of Florida
C/O Court Hearing Department
4411 Oakwood Dr
Chattanooga, TN 37416
Fax: (423) 702-4404
Email: transfers@violationpayment.net

For any questions, Contact us:

By Phone: 1-855-252-0086

By Email: transfers@violationpayment.net

***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. ***