

# REQUEST FOR LOCAL HEARING – RED LIGHT VIOLATION

Mail or Fax the COMPLETED Form to: **Red Light Safety Program**  
4200 S John Young Parkway  
Orlando, FL 32839  
FAX: 407-836-7869

*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 #: \_\_\_\_\_

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*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: \_\_\_\_\_

**THIS PAGE OF THE DOCUMENT MUST BE INCLUDED WITH THE AFFIDAVIT ON THE NEXT PAGE!**

# Affidavit Requesting Hearing and Forfeiting Ability to Contest Delivery

I, \_\_\_\_\_, hereby request an administrative  
(NAME)  
hearing before a local hearing officer in the county of \_\_\_\_\_. I understand that I must submit this request to the 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 *section 316.0083(1)(b)1.d., Fla. Stat.* I understand that I have the option to reschedule the hearing once by submitting a written request to the clerk for the local hearing officer at least five (5) calendar days before the originally scheduled hearing date. I understand that if I do not reschedule and I fail to appear at the scheduled hearing, the local hearing officer can proceed with the hearing and may uphold the violation, impose a penalty, and issue a final administrative order as if I had attended the hearing. I also understand that if the NOV is upheld at the hearing, I will be responsible for the payment of the original penalty assessed and may also be required to pay local fees not to exceed **\$250.00**, as set forth in *section 316.0083(5)(e), Fla. Stat.* Failure to comply with the terms of the order from the local hearing officer may result in a hold on my motor vehicle license plate or revalidation sticker until any amounts assessed have been fully paid.

I attest that I fully understand the stipulations of these laws and the associated penalties.

Sworn and affirmed by me on \_\_\_\_\_  
(DATE)

**Printed Name:**

\_\_\_\_\_

**Signature of Requestor:**

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