

CONTESTING AFFIDAVIT

NOTE: ALL CITATIONS MUST BE CONTESTED
WITHIN FOURTEEN (14) CALENDAR DAYS
FROM DATE OF TICKET ISSUANCE

THE CITY OF OCOEE,

CITATION# _____

Plaintiff

vs.

Defendant

**IN ORDER TO CONTEST YOUR CITATION, PLEASE RESPOND TO THE
FOLLOWING REQUEST FOR INFORMATION AND ACKNOWLEDGEMENT OF
YOUR RIGHTS AND RESPONSIBILITIES.**

INFORMATION

1. Your full Name and Address (Post Office Box is not acceptable):

2. Your Telephone Number with Area Code: (Cell) _____
(Home) _____

3. Your Vehicle Tag Number: _____

4. Your Driver's License Number: _____

RIGHTS AND RESPONSIBILITIES

5. You may request a hearing by completing this form and signing this affidavit as indicated on Page 4. **You must include a \$10.00 fee when submitting this affidavit. No personal checks or Credit cards are accepted. The only payment method approved is Cash or a Money Order.** This fee will be refunded to you should the police department choose not to forward your case to the hearing board or should the hearing board find you not guilty of the violation.

I have read and understand the foregoing information and affirm that the information provided by me is true and correct.

My signature below confirms my request to contest this parking citation before the Hearing Board in the City of Ocoee.

Signature

Print Name

STATE OF FLORIDA COUNTY OF ORANGE

Sworn to and subscribed before me, and ___ personally known to me, or ___ having produced identification (type of ID) _____ this ____ day of _____, 20__.

Signature of Notary Public or Law Enforcement Officer

Print Name

(Stamp/Seal)

RETURN COMPLETED FORM AND \$10.00 FEE TO:

City of Ocoee Police Department
175 N. Bluford Avenue
Ocoee, Florida 34761
(407) 905-3160

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