

AFFIDAVIT

I, _____, having been sworn, hereby depose and say as follows:

1. I have received a Uniform Traffic Citation (UTC) informing me that a motor vehicle registered in my name was observed violating Florida Statutes §§ 316.074(1) and 316.075(1)(c)1 by failing to obey a steady red traffic signal. The UTC bears the following 13 digit Notice number _____ and the following 7 digit UTC number _____.
2. Under Florida Statute § 316.0083(1)(d), I am exempt from the payment of the statutory penalty described in the Notice because (check all that apply):
 - At the time of the violation described in the UTC, my vehicle passed through the intersection in order to yield the right-of-way to an emergency vehicle.
 - At the time of the violation described in the UTC, my vehicle passed through the intersection as a part of a funeral procession.
 - At the time of the violation described in the UTC, my vehicle passed through the intersection at the direction of a law enforcement officer.
 - At the time of the violation described in the UTC, the vehicle was in the care, custody, or control of another person. That person's name, address, and date of birth are _____, I do/ do not know the driver's license number of this person. If known, that number is _____.
 - At the time of the violation described in the UTC, my vehicle had been stolen. A true and correct copy of a police report establishing that my vehicle had been stolen at that time is attached to this affidavit.
 - A Uniform Traffic Citation has been issued by a law enforcement officer to the driver of the vehicle for the same violation of Florida Statutes §§ 316.074(1) and 316.075(1)(c)1 described in the Notice. The serial number of that citation is _____.
3. I understand that Florida Statutes § 316.0083 requires that I provide detailed information supporting the exemption(s) I have identified in Paragraph 2, which may include the facts and circumstances supporting the exemption I have asserted. That detailed information is as follows (attach additional sheets as necessary):

4. The foregoing statements are true and correct.

Signature of Registered Owner

VERIFICATION OF NOTARY OR PERSON AUTHORIZED TO ADMINISTER OATHS

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to and subscribed before me on _____, 20____, by _____
who is personally known to me or provided identification, and who did take an oath.

Notary Public, State of Florida or Deputy Clerk
Printed Name: _____
My Commission Expires: _____