



ORLANDO STOPS TRAFFIC SAFETY PROGRAM:
REQUEST FOR ADMINISTRATIVE HEARING

I, _____, am requesting a hearing before a local hearing officer to contest:
(Petitioner's Printed Name)

Notice of Violation (NOV) Number: 276_____.

By signing and submitting this form, I acknowledge that this form must be received by the City of Orlando on or before the Due Date noted on the above-mentioned Notice of Violation (NOV) in order to be a valid request. I also acknowledge that this form must be sent to the City of Orlando by U.S. mail to the address provided below and not by email or facsimile transmission.

I understand that an Administrative Hearing Notification Letter will be sent to me by U.S. Certified mail to the address I provide on this form and if I fail to provide an address on this form, the letter will be sent to the address indicated on the above-mentioned NOV. I further understand that by signing and submitting this form, I waive my ability to contest the delivery of the above-mentioned NOV pursuant to Florida Statute Section 316.0083(1)(b) and (c).

I also acknowledge that either I or my legal counsel must attend the scheduled hearing. I understand that if the alleged violation is upheld, administrative costs of up to **\$250.00** may be assessed against me in addition to the civil penalty of **\$158.00**. If I or my legal counsel fails to attend the scheduled hearing, I understand that my case will be adjudicated in my absence and that I may be assessed administrative costs of up to **\$250.00**, in addition to the civil penalty of **\$158.00**.

I am aware that if the alleged violation is upheld and I fail to pay any assessed fines and/or fees; the Department of Highway Safety and Motor Vehicles will place a hold on the issuance of my license plate or revalidation sticker for any motor vehicle owned or co-owned by me until the amounts assessed are paid in full.

I understand that I have the option of rescheduling a hearing one time by completing and submitting a Request to Reschedule Hearing form, which can be found at www.orlando.gov/orlandostops, at least **five (5) days** before the scheduled hearing date. I acknowledge that I may cancel a hearing scheduled before the local hearing officer by paying the civil penalty of **\$158.00** plus **\$50.00** in administrative costs anytime before the start of the hearing time to avoid further costs and consequences.

PRINT LEGIBLY; DO NOT LEAVE ANYTHING BLANK.

Petitioner's Signature

Date

Petitioner's Printed Name

Petitioner's Address

Phone Number
(____) _____ - _____ ext. _____

E-mail _____