



REQUEST TO ENTER INTO PAYMENT PLAN



*Violation No.: 051 _____

*Violation Date: _____

*Phone #: _____ - _____ - _____

I, _____, do not wish to contest the payment of my Notice of Violation but am requesting additional time to pay the amount owed in addition to a \$20.00 Administrative Court Fee for a total amount of _____.

My delayed payment(s) can be made in person at the Apopka Police Department and will be required to be paid in full by _____.

I understand that should I not make the payments as agreed to herein, that the Department of Highway Safety and Motor Vehicles will place a hold on the issuance of my license plate or re-validation sticker for any motor vehicle owned or co-owned by me until the amounts assessed are paid in full.

*Petitioner's Signature

*Today's Date

*Petitioner's Printed Name

STATE OF FLORIDA
COUNTY OF _ _____

The forgoing "Affidavit Requesting Hearing and Forfeiting Ability to Contest Delivery" was acknowledged before me this _ _ day of _____, 20____, by _ _____ who personally known to me or produced _____ as identification.

Notary Public
My Commission Expires:

Reviewed & Approved by: _____ Hearing Officer and/or Clerk of Administrative Court Date: _____