



CITY OF KISSIMMEE TRAFFIC SAFETY PROGRAM
REQUEST FOR LOCAL HEARING
RED LIGHT VIOLATION

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 Violation Date: _____

Agency/Issuing Authority: Kissimmee Police Department

Issuing Officer/Agent Name: _____

Badge #: _____

Local Court or Hearing Officer Information (To be provided by local authority)

Mail to:

Local Court or Hearing Officer: City Of Kissimmee Traffic Safety Program
Address: 8 North Stewart Ave
City: Kissimmee State: FL Zip: 34741

Hearing location:

City Hall Commission Chambers, 101 N. Church St. Kissimmee, FL 34741

Keep a copy of this request for your records

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 _____ (Name) do hereby request a formal hearing before a local court or hearing officer in the county of Osceola County. I understand that I must submit this request to the clerk of the court or 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 **F.S.S. 316.083 (c) and (d)**. I understand that I have the option to reschedule a hearing once by notifying the appropriate clerk of the court and/or the clerk for the local hearing officer in writing at least 5 days prior to the scheduled hearing. I understand that if I do not reschedule my hearing and I fail to appear for this hearing that I will be adjudicated guilty and I am responsible for all fines and/or fees and that a vehicle registration stop will be placed on my record. I understand that I may cancel my hearing by paying the penalty plus \$50 in administrative costs, before the start of the hearing. I also understand that if the NOV is affirmed by the court and/or local hearing officer, that I am responsible for the payment of the original penalty plus up to **\$250.00** in local fees as set forth in **F.S.S. 316.083 (5)**. I attest that I fully understand the stipulations of these laws and the associated penalties.

Sworn by me on _____ (MM/DD/YYYY) and affirmed by my signature below:

Printed Name: _____

Signature of Requestor: _____

Date Signed: _____

Mail to: City of Kissimmee Traffic Safety Program, 8 North Stewart Ave, Kissimmee, FL 34741

Hearing location: City Hall Commission Chambers, 101 N. Church St. Kissimmee, FL 34741

For questions, call the City of Kissimmee Traffic Safety Program Customer Service Center toll free at 877-847-2338.

Hours of operation: Monday - Friday 9:00am – 7:00pm (EST).