



Citation Processing Center
P. O. Box 4460
Clearwater, FL 33758-4460

TRANSFER OF LIABILITY

Parking Citation Number: _____

Name and complete address of Vehicle Registered Owner: _____

At the time the violation on the _____ day of _____, 20____, the vehicle with license plate number _____, issued by the State of _____, was in the custody or care of the individual while complete name and address is listed as:

and whose driver license number is _____.

Signature of Affiant
Sworn to (or affirmed) and subscribed before me

This ____ day of _____ 20____
By _____

Notary Public

Personally known _____ or produced identification _____

Type of identification produced _____