

IN THE COUNTY COURT, SEVENTH JUDICIAL CIRCUIT,
IN AND FOR ST. JOHNS COUNTY, FLORIDA

STATE OF FLORIDA

Case No.: _____

v.

Citation No.: _____

AFFIDAVIT OF COMPLIANCE

Check all applicable boxes:

- I am the owner of the disabled parking permit, and at the time of the violation my permit was valid.
- I am the disabled person who was in the vehicle at the time of the violation.
- I have attached to this affidavit, a copy of my disabled parking permit registration, placard as well as a copy of my driver license.

I declare that I have read the foregoing affidavit, and the facts stated are true and correct. I understand the information provided is made under the penalty of perjury, punishable as provided in Florida Statute 837.02.

DEFENDANT NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE:

EMAIL:

Defendant's Signature

Sworn to and notarized before me on the _____
Day of _____, 20____.

Deputy Clerk/ Notary Public