



**OFFICE OF COMPTROLLER**

**ORANGE  
COUNTY  
FLORIDA**

Martha O. Haynie, CPA  
County Comptroller  
Finance and Accounting Department  
Parking Violations  
201 S. Rosalind Avenue  
Post Office Box 38  
Orlando, Florida 32802  
Telephone: (407) 836-5699  
Fax: (407) 836-5626  
Email: PARKING@occompt.com

AFFIDAVIT OF \_\_\_\_\_  
PARKING TICKET VIOLATION # \_\_\_\_\_  
DATE OF VIOLATION \_\_\_\_\_

Before me, personally appeared \_\_\_\_\_, who,  
being duly sworn, says that at the time above parking ticket was issued, the  
\_\_\_\_\_, bearing \_\_\_\_\_  
**(Vehicle)** **(License Plate Number)**

Was ( ) Sold  
( ) Rented or leased  
( ) In the care, custody, or control of another person

\_\_\_\_\_  
NAME OF PERSON RESPONSIBLE FOR PAYMENT OF PARKING TICKET VIOLATION

\_\_\_\_\_  
ADDRESS OF PERSON RESPONSIBLE

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
SIGNATURE OF AFFIANT

\_\_\_\_\_  
ADDRESS

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ Year  
\_\_\_\_\_ by \_\_\_\_\_, as an individual/officer/agent, on behalf of himself/  
\_\_\_\_\_, a corporation/\_\_\_\_\_, a  
partnership/\_\_\_\_\_. He/She is personally known to me or has produced  
\_\_\_\_\_, as identification and did / did not take an oath.

WITNESS my hand and official seal in the County, State last aforesaid this \_\_\_\_\_ day of  
\_\_\_\_\_, Year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission Expires: \_\_\_\_\_