



OFFICE OF COMPTROLLER

**ORANGE
COUNTY
FLORIDA**

**PHIL DIAMOND, CPA
ORANGE COUNTY COMPTROLLER**
Finance and Accounting Department
Parking Violations
201 S. Rosalind Avenue
Post Office Box 38
Orlando, Florida 32802
Telephone: (407) 836-5699

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

DRIVER 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: _____