OPTIONS PAGE

OPTION A: PAYMENT COUPON **HAMILTON FOCUS ON SAFETY PROGRAM**

Notice #: **Issued To:**

☐ Check or Money Order

☐ Credit Card ☐ Visa

☐ MasterCard card

Please make check or Money Order payable to "HAMILTON Focus on Safety Program"
(ensure address on reverse side appears in the window of the envelope)

Credit card payments can also be made online at: www.photonotice.com
Enter City code: HMLTOH

Name as it appears on card (Print) _____
First Last

Card #_____ Expiration Date: Month_____ Year _____ Security Code # _____

Mailing Address:_____
Street City/State/Zip Code

Phone Number: _____ Signature: _____ Date: ___/___/___

Total Amount Due: **$95.00** **Amount Enclosed:** _____

[Violator Name]
[Address]
[City, State, Zip]

Tear Here *Tear Here* *Tear Here*

OPTION B: AFFIDAVIT **HAMILTON FOCUS ON SAFETY PROGRAM** **Notice #:**
(COMPLETE FULLY IF YOU WERE NOT THE DRIVER) **Issued To:**

CHECK ONE:

- ☐ **I sold the vehicle prior to the violation date to the person named below.**
- ☐ **The person named below was the driver of the vehicle.**
- ☐ **The vehicle or license plate(s) were stolen at the time of the violation.**

Print Actual Driver/New Owner's Name: _____

Address: _____ City, State, ZIP Code: _____

The stolen or illegally taken vehicle was reported to _____ Police Dept. on ___ / ___ / ___.

Police Report No. _____.

DECLARATION

I CERTIFY UNDER PENALTY OF PERJURY AND/OR FALSIFICATION THAT THE FOREGOING IS TRUE AND CORRECT

Signature: _____

Phone Number: _____ Date: ___/___/___

Subscribed and Sworn to before me, a Notary of the State of

_____, on this _____ day of _____, 20 _____

_____ My commission expires: _____
Notary Public

IMPORTANT:
- This Affidavit must be returned by [insert respond-by date].

Tear Here *Tear Here* *Tear Here*

OPTION C: HEARING REQUEST **HAMILTON FOCUS ON SAFETY PROGRAM**
(Complete ONLY if you want a hearing scheduled)

Notice # **Issued To:** **Date of Violation:**

Print Name: _____
First Last

Address:_____
Street City/State/Zip Code

Phone Number: _____

Signature: _____ Date: ___/___/___

IMPORTANT:
- This Affidavit must be returned by [insert respond-by date].