



Hagerstown Police Department Intersection Safety Program

DECLARATION OF NON-LIABILITY - NO TOL

DO NOT USE THIS DECLARATION IF YOU ARE NAMING ANOTHER PERSON AS THE DRIVER OF THE VEHICLE. GO TO VIOLATIONINFO.COM AND CHOOSE: NAME THE DRIVER DECLARATION.

Notice of Violation Number: _____

Vehicle License Plate Number: _____ State: _____

In the space above, you must accurately write the 13-digit Notice Number that appears in the upper right of the front of the Traffic Control Signal Violation. Also please provide the license plate number and state for the vehicle involved in the violation. Please write clearly and make sure you record the information accurately. If the Notice of Violation Number is unclear or incorrect, we will not be able to match your affidavit to your infraction, and the Notice of Violation will proceed to a collection agency if not paid.

I declare under penalty of perjury under the laws of the State of Maryland that the information provided in this declaration is true and correct to the best of my knowledge.

I received the Notice of Violation, number listed above. At the time of the occurrence indicated on the Traffic Control Signal Violation, the vehicle described in the Notice was:

- Yielding the right-of-way to an emergency vehicle
- Vehicle was part of a funeral procession
- Stolen vehicle or registration plates prior to citation issuance (Provide a copy of the police report)
- Owner is deceased (Provide a copy of the death certificate)
- DMV Error (Provide supporting evidence)
- Vehicle was ticketed by an officer (Provide a copy of the police issued ticket)

You will receive an Insufficient Information Letter if provided proof is insufficient and the violation will remain in your name. If there is sufficient evidence you will receive a dismissal letter in the mail.

I am requesting a review by mail using one of the defenses stated above (submit any and all documentary supporting evidence).

Your signature

Date

This declaration must be mailed to:

**Hagerstown Police Department
Intersection Safety Program
P.O. Box 22091
Tempe, AZ 85285-2091**

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