

CITATION NO: _____

AFFIDAVIT OF DISABLED PARKING PERMIT OWNERSHIP

I, _____, do solemnly swear or affirm that I am the registered owner of the disabled parking permit or disabled license plate, Registration No. _____ and that I was present with the following vehicle _____

(Year, Make, Model, Vehicle ID#, Tag #)

on _____ at _____. The license plate, if applicable, was registered to the above vehicle at the time of the citation. The above disabled parking permit or license plate was issued on _____ and expires on _____.

Dated: _____

Signature of Affiant or Parent/Guardian

Address: _____

Phone Number: _____

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to and subscribed before me on _____, by _____ who is personally known to me produced _____ as identification, and who did did not take an oath.

NOTARY PUBLIC or DEPUTY CLERK
Name: _____
Commission No.: _____
My Commission Expires: _____