

CITY OF TARPON SPRINGS  
**PLEA OF NOT GUILTY AND REQUEST FOR HEARING**

*Read and complete the information below (Please Print and Sign at the bottom)*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Parking Ticket #(s) \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip \_\_\_\_\_

License Plate (s): \_\_\_\_\_

\_\_\_\_\_

Mail the completed and signed form to:

**Tarpon Springs Police Department  
444 S Huey Ave  
Tarpon Springs FL 34689**

(Original must be mailed or the Court will NOT schedule the hearing).

- **Completed forms must be received within 30 calendar days of the ticket Issue Date.**
- If you have any questions regarding filing this form, please contact the City of Tarpon Springs by calling 727-938-2849
- The Pinellas County Clerk of the Court will notify you of the date and time of the hearing.
- **Once your court date has been scheduled, any questions regarding your NOT GUILTY plea or the scheduled hearing must be directed to the Pinellas County Clerk of the Court by calling:(727)464-7000.**

**If you have scheduled a court date but choose to pay your ticket before that scheduled date, you must call the Court at (727)464-7000 to Cancel or you will be subject to additional fines.**

I the above named alleged offender ,acknowledge receipt of the above stated City of Tarpon Springs, Florida parking ticket(s) and desire to enter my plea of NOT GUILTY and request a hearing in Pinellas County Traffic Court as stated below.

I understand I have the following rights:

- 1 Right to a public hearing by an official.
- 2 Right to be represented by a lawyer of my own choosing at my own cost.
- 3 Right to have witnesses subpoenaed to testify on my behalf.

I understand that if I elect to appear at a hearing, I waive my right to pay the civil penalty and I must appear in Court. I understand that if the Official determines that I have committed a violation, the Official may impose a fine on each charge up to \$100.00 with the exception of violations of F.S.316.1955 or 316.1956 wherein the fine imposed may be up to \$250.00, plus Court costs.

I do hereby :(Check all that apply)

- Certify that I am the registered owner.
- Request a hearing by an official.
- Agree to furnish my own lawyer at my own cost.
- Waive my right to a lawyer.

I hereby certify my address above is correct and I will advise the Court in writing of any changes in such address within three (3) days of such change.

**Lawyer for Alleged Offender (if applicable—please print)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

**Alleged Offender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**