

**PARKING TICKET  
ST. JOHNS COUNTY - FLORIDA**

No. 00000

Date \_\_\_\_\_ 20\_\_\_\_ Time \_\_\_\_\_ **A.M.**  
**P.M.**

To \_\_\_\_\_  
Address \_\_\_\_\_

Vehicle Tag Number \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_  
Make and Type Vehicle \_\_\_\_\_

Parking Violation # \_\_\_\_\_ Meter # \_\_\_\_\_  
Location of Violation \_\_\_\_\_

**VIOLATIONS LISTED BELOW MUST BE PAID ACCORDING TO SCHEDULE. FOR YOUR CONVENIENCE INSERT FINE IN THIS PRE-PAID ENVELOPE ATTACHED TO CITATION.**

VIOLATION NUMBER		IF PAID	GREATER THAN
		WITHIN 30 DAYS	30 DAYS ADDITIONAL ADMINISTRATIVE FEES
1.	Parking violation (other than parking in Handicap Space)	\$30.00	\$20.00
2.	Parking in Handicap Space	\$175.00	\$75.00
3.	Parking Violation of Beach Code	1-7 Days	8-15 Days
		\$35.00	\$50.00

**YOU ARE HEREBY ORDERED TO APPEAR OR MAIL FINE WITH CITATION TO CLERK OF THE COURTS. 4010 LEWIS SPEEDWAY ST. AUGUSTINE, FLORIDA 32084. MAKE CHECK OR MONEY ORDER PAYABLE TO CLERK OF COURTS. DO NOT MAIL CASH.**

Officer's Remarks \_\_\_\_\_

**YOUR FAILURE TO APPEAR OR PAY AS ABOVE INDICATED MAY SUBJECT YOU TO A HEARING AND A \$500.00 FINE PLUS COSTS.**

Officer's Name \_\_\_\_\_ ID# \_\_\_\_\_

**PEEL TAPE OFF BACK FOLD & SEAL**

Citation Number

Date/Time of incident

Driver and/or Registered Owner Information & Vehicle Information

The violation circled is the reason for the citation. The amount due is what is stated to the right, plus \$10. Your copy should have a \$10 increase noted by the officer, per Florida Statute 34.045.

Issuing officer's name/signature and ID# - These citations are issued by the Sheriff's Office.