



YOU HAVE TWO (2) OPTIONS UPON RECEIVING THIS CITATION.
PLEASE SELECT ONE OPTION AND SIGN BELOW.

[] OPTION #1 - PAY THE FINE

IF YOU WISH TO PAY THE FINE MAIL OR BRING TO THE ADDRESS LISTED BELOW. (DO NOT MAIL CASH).

IF YOU WISH TO PAY ONLINE VIA CREDIT OR DEBIT CARD PLEASE VISIT: www.STAUGBCH.com/Finance

YOU NEED NOT APPEAR IN COURT IF YOU ADMIT TO THE VIOLATION

[] OPTION #2 - CONTEST THE CITATION

IF YOU WISH TO CONTEST THE CITATION, MAIL OR BRING TO THE ADDRESS LISTED BELOW. NECESSARY ARRANGEMENTS FOR YOUR APPEARANCE IN COURT WILL BE MADE.

IF YOU DENY THE VIOLATION, YOU WILL HAVE TO APPEAR IN COURT AS INDICATED FOR ARRAIGNMENT TO ENTER A PLEA. IF YOU CHOOSE THIS ALTERNATIVE YOU WAIVE YOUR RIGHT TO PAY THE CIVIL PENALTY AND IF FOUND GUILTY, THE JUDGE MAY IMPOSE A PENALTY UP TO \$500.00 PER VIOLATION (FSS 828.27).

IF YOU FAIL TO PAY THE CIVIL PENALTY WITHIN THIRTY (30) DAYS OR MAKE ARRANGEMENTS TO APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$500.00 PER VIOLATION (828.27).

SIGNATURE OF PERSON CITED

ADDRESS FOR PAYMENT/CONTEST:

CITY FINANCE DEPARTMENT
2200 A1A SOUTH
ST. AUGUSTINE BEACH, FL 32080
(904) 471-2122

WEBSITE FOR PAYING ONLINE (VIA DEBIT OR CREDIT):
www.STAUGBCH.com/Finance

PARKING CITATION

AGENCY ST AUGUSTINE BEACH PD	
COUNTY OF ST. JOHNS	CITY OF (IF APPLICABLE) ST AUGUSTINE
IF THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON	
DAY OF WEEK WED	MONTH 07
DAY 07	YEAR 2021
TIME 11:57 <input checked="" type="checkbox"/> AM <input type="checkbox"/> P.M.	
NAME (PRINT) FIRST [REDACTED]	NAME (PRINT) MIDDLE [REDACTED]
NAME (PRINT) LAST [REDACTED]	
BUSINESS NAME	BUSINESS PHONE
STREET [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]
TELEPHONE NUMBER	ZIP CODE [REDACTED]
DATE OF BIRTH MO: [REDACTED] DAY: [REDACTED] YEAR: [REDACTED]	RACE: [REDACTED] SEX: [REDACTED] HGT: [REDACTED]
DRIVER LICENSE NUMBER [REDACTED]	STATE [REDACTED]
CLASS [REDACTED]	YR. LICENSE EXP. [REDACTED]
COL. LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VIN [REDACTED]
YR. VEHICLE [REDACTED]	MAKE [REDACTED]
MODEL [REDACTED]	STYLE [REDACTED]
COLOR [REDACTED]	PLACARDED HAZ. MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE LICENSE NO. [REDACTED]	TRAILER TAG NO. [REDACTED]
STATE [REDACTED]	YEAR TAG EXPIRES [REDACTED]
IS PASSENGER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY [REDACTED]	
MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMPANION CITATION NUMBER(S) [REDACTED]	
LATITUDE [REDACTED]	
LONGITUDE [REDACTED]	
DID COMMIT THE FOLLOWING OFFENSE	
IN VIOLATION OF ORDINANCE	VIOLATION NUMBER 19-30

VIOLATION DESCRIPTION
PARKING IN PROHIBITED AREA - SA BEACH PD

IF UNLAWFUL SPEED, INDICATE SPEEDS

UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH

OFFICER COMMENTS PERTAINING TO OFFENSE

[REDACTED]

OFFICER NOTES / INSTRUCTIONS TO DEFENDANT

FINE AMOUNT IS \$ **75.00**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES AN APPEARANCE IN COURT)

[REDACTED]

RANK - NAME OF OFFICER: [REDACTED] BADGE NO.: [REDACTED] ID NO.: [REDACTED] TROOP / UNIT: **SABP/PATROL**

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

t. Augustine Beach Copy