

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

No. **84477**

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 WITHIN 30 DAYS	GREATER THAN 30 DAYS ADDITIONAL ADMINISTRATIVE FEES
1. Parking violation (other than parking in Handicap Space)	<del>\$60.00</del> <b>40.00</b>	\$20.00
2. Parking in Handicap Space	\$175.00	\$75.00
3. Parking Violation of Beach Code	\$35.00	1-7 Days: _____ 8-15 Days: \$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

**DO NOT MAIL CASH**