

STATE OF DELAWARE



Delaware Department of Transportation

NOTICE OF TOLL VIOLATION

PURSUANT TO SECTION 4127 AND 4129 OF TITLE 21 AND SECTION 4101(h) and 4101(j) OF TITLE 11 OF THE DELAWARE CODE

John Doe
26 OLD RUDNICK LANE
DOVER, DE 19901

NOTICE DATE: 02/01/2017

RESPOND BY: 02/21/2017

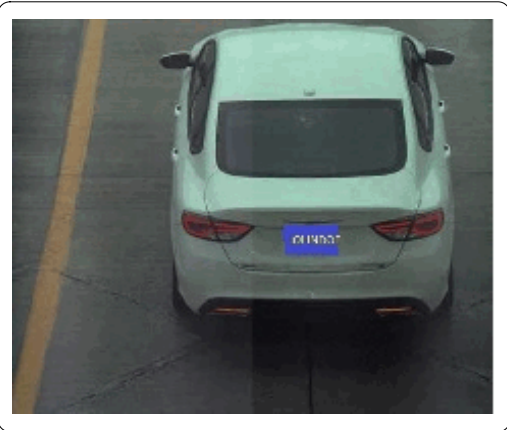


VPSN0012345678

Violation Notice Number

0001234567-1

The Delaware Department of Transportation believes that the vehicle pictured in the photograph recently traveled through a Delaware toll lane without remitting the toll due of 1.00.



License Plate: JOHNDOE01 DE

Date: 02/01/2017 Time: 12:07:15
Plaza: NEWARK Lane: 4

This Violation Notice is issued to you as the Registered Owner of the vehicle.

TO SUBMIT TOTAL AMOUNT DUE FOR VIOLATION 0001234567-1

PAYMENT DUE BY: 02/21/2017

IF PAYMENT RECEIVED AFTER DUE DATE ADD:
CIVIL PENALTY CHARGE \$ 25.00
CIVIL PENALTY SURCHARGE \$ 12.50

For easy payments on the web, visit us at www.EZPassDE.com.

To use our Pay By Phone option with a Credit/Debit Card call 1-888-397-2773.

For payments by mail ENCLOSE NOTICE and

Check/Money Order
Payable to: Delaware Department of Transportation
Mail to: Delaware E-ZPass Violations Center
P.O. Box 697
Dover, DE 19903-0697

Credit/Debit Card
() VISA () MASTERCARD () AMERICAN EXPRESS () DISCOVER

CARD NUMBER: EXP DATE (Month/Year)

I hereby authorize the above balance due to be charged to my credit/debit card account indicated above.

Signature: Date:

Print Name: Phone:

Table with 2 columns: Description and Amount. Rows include TOLL DUE (\$ 1.00), ADMINISTRATIVE FEE (\$ 25.00), AMBULANCE CO. FUND (*): (\$ 10.00), COMBAT VIOLENT CRIMES (*): (\$ 15.00), PAYMENT/ADJ/OTHER: (\$ 0.00), BALANCE DUE: (\$ 51.00)

TO DISPUTE: You have the right to APPEAL the total amount due. If you choose to APPEAL use the form located on the opposite side of this notice.

NOTICE OF TOLL VIOLATION APPEAL FORM

Please complete and sign the appropriate appeal certification section below. Results of the appeal for Violation Notice 0001234567-1 will be mailed to the registered owner of the vehicle.

License Plate: JOHNDOE01 State: DE
Issued to: John Doe
26 OLD RUDNICK LANE
DOVER, DE 19901



VPSN0012345678

E-ZPASS CUSTOMER CERTIFICATION

DE DEPT OF TRANSPORTATION E-ZPASS ACCOUNT HOLDER

Apply the toll due of \$ 1.00 to my E-ZPass account and waive the administrative fee.

I further understand that upon review of this dispute, if it is determined that my account and/or tag is not in good standing, the toll and all fees will be due in full payable by check/money order or credit/debit card.

Account Holder Name: _____

E-ZPass Transponder #: _____

OTHER TOLL AUTHORITY E-ZPASS ACCOUNT HOLDER

REMIT PAYMENT OF THE TOLL DUE OF \$ 1.00
AND

Enclose a current E-ZPass Account Activity Statement to show the account has a positive balance.

*Visit your E-ZPass website to download a copy.

Account Holder Name: _____

E-ZPass Transponder #: _____

Signature: _____ Phone #: _____ Date: _____

STOLEN, SOLD, LEASED OR RENTED VEHICLE CERTIFICATION

_____ **STOLEN**

Enclose copy of police report.

_____ **SOLD**

Enclose copy of bill of sale showing the new owner's full name and complete mailing address.

_____ **LEASED OR RENTED**

Enclose copy of agreement showing the leaser/renter's full name and complete mailing address.

I hereby certify that on 02/01/2017 the vehicle depicted on the opposite side of this page as indicated above.

Signature: _____ Phone #: _____ Date: _____

INADVERTENT CERTIFICATION

I hereby certify I took every reasonable action to pay the toll but was prevented from doing so as explained.

ENCLOSE TOLL AMOUNT DUE \$ 1.00

Explain in detail using additional paper if needed: _____

Signature: _____ Phone #: _____ Date: _____

* Ambulance Company Fund - In accordance with 11 Del.C. Section 4101(j), a \$10 assessment is placed on all Title 21 violations. This assessment will be earmarked for volunteer ambulance companies.

* Combat Violent Crimes Fund - In accordance with 11 Del.C. Section 4101(h), a \$15 assessment is placed on all Title 21 violations. This assessment will be earmarked for the Fund to Combat Violent Crimes.

QUESTIONS? CALL 1-888-397-2773