

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: 02/18/2017



VPSN0012345678

Violation Notice Number

0001234567-1

FAILURE TO RESPOND WILL RESULT IN FURTHER COLLECTION ACTIVITIES, REGISTRATION HOLD, SUSPENSION AND/OR COURT ADJUDICATION.

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.

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.

License Plate: JOHNDOE01 DE

TO SUBMIT TOTAL AMOUNT DUE FOR VIOLATION 0001234567-1

PAYMENT DUE BY: 02/18/2017

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

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

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: _____

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.

AVOID ADDITIONAL PENALTIES & FEES

This violation notice is being issued pursuant to 21 Del. C. § 4127 in connection with DeIDOT's toll collection system. **Failure to pay this violation may result in the imposition of additional penalties and fees outlined in the chart below.** These fees and penalties will be imposed on each individual toll listed on this violation that is not paid. Further, pursuant to 21 Del. C. § 810 DeIDOT may institute a registration hold on any vehicle connected with this violation if the tolls are not paid in full. A registration hold marks the vehicle registration for non-renewal until all past due tolls and fees are paid in full. Additional information concerning penalties and fees may be found on DeIDOT's website located at www.ezpassde.com/pages/FAQs.shtml

Fee Description	Per Unpaid Toll Transaction
Administrative Fee - 21 Del. C. § 4127	\$ 25.00
House Bill State Fire Prevention Commission Volunteer Ambulance Company Fund - 11 Del. C. § 4101(h)	\$ 10.00
House Bill Fund to Combat Violent Crimes Fee - 11 Del. C. § 4101(j)	\$ 15.00
Civil Penalty - 21 Del. C. § 4129	\$ 25.00
Civil Penalty Surcharge - 11 Del. C. § 4101(g)(1)	\$ 12.50

NOTICE OF TOLL VIOLATION APPEAL FORM

To appeal toll charges, please select one of the reasons listed below. Sign and return this form to the Payment Processing Center (address listed on the other side) for review. Results of the appeal will be mailed to the registered owner of the vehicle.

Delaware E-ZPass account holders may also appeal online by accessing your E-ZPass account at www.ezpassde.com or calling (888) 397-2773 for assistance.

APPEAL REASONS: (Please check one)

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

I HAVE A DELAWARE E-ZPass ACCOUNT and would like to apply the toll due to my Delaware E-ZPass account. I understand that upon review of this appeal, if it is determined that my account is not in good standing, the total amount will be due in full.

Account Holder Name: _____ E-ZPass Transponder #: _____

I HAVE ANOTHER TOLL AUTHORITY E-ZPass ACCOUNT. I HAVE ENCLOSED PAYMENT OF THE TOLL and A CURRENT E-ZPASS ACCOUNT ACTIVITY STATEMENT TO SHOW THE ACCOUNT HAS A POSITIVE BALANCE. (Visit your E-ZPass website to download a copy.) I understand that upon review of this appeal, if it is determined that my account is not in good standing, the total amount will be due in full.

Account Holder Name: _____ E-ZPass Transponder #: _____

FOUNDATIONS FOR APPEAL NOT LISTED ABOVE Please submit a detailed explanation advising the reason for your appeal. Submit any relevant supporting documentation. Appeal is subject to review and approval.

Signature: _____ Phone #: _____ Date: _____



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