MARYLAND TRAFFIC CONTROL/PARKING FLAGGING PROGRAM	Traffic Control/Parking Fine Receipt	Receipt No.: PK

Vehicle Tag No._____ Date:_____

Name:_____
First Middle Last

Address:_____
Street Number

_____
City State County Zip

Code No.:_____

Amount Paid: _____

Received By:_____

HOW PAID: (Check One)		DISTRIBUTION	
Cash ❑	Money Order ❑	Copy No. 1	MVA (white)
Check ❑	Other ❑	Copy No. 2	VIOLATOR (yellow)
		Copy No. 3	LOCAL AGENCY (pink)

VR-119 (11-05)