STATE OF DELAWARE



NOTICE OF TOLL VIOLATION

PURSUANT TO SECTION 4127 AND 4129 OF TITLE 21 OF THE DELAWARE CODE

JOHN JR DOE 1111 STREET

DOVER, DE 19901-0697

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NOTICE DATE: 09/15/2011

RESPOND BY: 10/06/2011

Violation Notice Number 000000004-1

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 \$3.00.

Date: 08/15/2011 **Time:** 01:03:01

Plaza: NEWARK Lane: 40

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



License Plate: TEST04 DE

TO SUBMIT TOTAL AMOUNT DUE

For easy payments on the web, visit us at www.EZPassDE.com.	PAYMENT
To use our Pay By Phone option with a Credit/Debit Card call 1-888-397-2773.	IF PAYMENT RE CIVI CIVI
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	TOLL DUE ADMINIST PAYMENTA BALANCE
Credit/Debit Card () VISA () MASTERCARD () AMERICAN EXPRESS ()	DISCOVER

VPSN00000004

10/06/2011

PAYMENT DUE BY:

		-
IF PAYMENT RECEIVED AFTER DUE DATE ADD:		
CIVIL PENALTY CHARGE \$ CIVIL PENALTY SURCHARG		
CIVIL PENALIT SURCHARG	E \$ 12.50	
TOLL DUE:	\$	3.00
ADMINISTRATIVE FEE:	\$	25.00
PAYMENT/ADJ/OTHER:	\$	0.00
BALANCE DUE:	\$	28.00

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.

NOTICE OF TOLL VIOLATION APPEAL FORM

Please complete and sign the appropriate appeal certification section below. Results of the appeal for Violation Notice 0000000004-1 will be mailed to the registered owner of the vehicle.

License Plate: TEST04
Issued to: JOHN JR DOE
1111 STREET

DOVER, DE 19901-0697



E-ZPASS CUSTOMER CERTIFICATION

DE DEPT OF TRANSPORTATION E-ZPASS ACCOUNT HOLDER

Apply the toll due of \$ 3.00 to my E-ZPass account and waive the administrative fee.

State: DE

I further understand that upon review of this dispute if it is determined that my account and/or tag was not in good standing at the time of the violation on 08/15/2011 the toll and administrative fee 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

Enclose E-ZPass Account Activity Statement* to show account had a positive balance on 08/15/2011.

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

DO NOT SEND PAYMENT DURING APPEAL PROCESS.

Account Holder Name: _____

E-ZPass Transponder #:

l hereby certify that my E-2Pass account was valid with sufficient funds to pay the toll amount on 08/15/201	1.
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Signature:	Phone #:	Date:	

STOLEN, SOLD, LEASED OR RENTED VEHICLE CERTIFICATION			
STOLEN Enclose copy of police report.			
SOLD	new owner's full name and complete mailing ac	ddress.	
LEASED OR RENTED			
Enclose copy of agreement showing the leaser/renter's full name and complete mailing address.			
I hereby certify that on 08/15/2011 the vehic	cle depicted on the opposite side of th	is page as indicated above.	
Signature:	Phone #:	Date:	

INADVERTENT CERTIFICATION

The following explanations are NOT valid reasons for an inadvertent toll violation

- Failing to have the coinage, currency or other authorized means necessary to pay the required toll
- Entering a dedicated E-ZPass lane with a vehicle that is not equipped for the electronic toll collection system
- Failing to adequately deposit the full amount of the toll in a toll collection basket

ENCLOSE TOLL AMOUNT DUE \$ 3.00

Explain in detail using additional paper if needed:

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