



CITY OF BUFFALO, NEW YORK
NON-APPEARANCE FORM
 SCHOOL ZONE SAFETY PROGRAM

Any person who has been served a Notice of Violation for the City of Buffalo's School Zone Safety Program may dispute the alleged violation on its merits without personally appearing before a Hearing Officer.

This form must be completed in full including a statement of facts specifying the grounds for challenging the Notice of Violation. The request will be reviewed by the Hearing Officer. You may include any supporting documents or photos to support your claim. Return this form along with any other documentation and evidence to support your claim to;

-Citations Processing Center, BFLO, PO BOX 7200, Beverly, MA 01915-

Citation Number	Date of Violation	Time of Violation	Location of Violation		
Vehicle Registration Number	State	Vehicle Make		Fine Amount \$	Due Date
Name of Registered Owner	Address of Registered Owner		City	State	Zip

Exceptions to Owner Liability Include:

- A. The operator of the vehicle in question was issued a uniform traffic ticket from a police officer at the scene for the violation.
Please include a copy of the uniform traffic ticket.
- B. The vehicle or its registration plates were stolen prior to the infraction.
Please include stole vehicle report, recovery report and insurance payout paperwork.
- C. The vehicle was sold or ownership transferred prior to the violation occurring.
Please include a copy of the signed Bill of Sale.

I acknowledge that my personal appearance is waived and that I am submitting to a review based upon the statement filed by me and the facts contained in the violation notice. **You may include any other documentation and evidence to support your claim.**

I declare under penalty of perjury that the foregoing information (and all documentation in support of my defense) is true and correct to the best of my knowledge and ability.

Signature _____ Date _____ Phone Number _____

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ by _____ who is personally known to me or who provided _____ as positive identification.

 My Commission Expires: _____

(Signature of Notary Public)

(MY SEAL):

FORM MUST BE NOTARIZED OTHERWISE IT WILL NOT BE ACCEPTED.