



# CITY OF THOUSAND OAKS HANDICAPPED PARKING VIOLATION AFFIDAVIT

<b>Placard Owner's Information:</b>	<b>Vehicle Registered Owner's Information:</b> <i>(if different)</i>
Name:	Name:
Address:	Address:
City, State and Zip:	City, State and Zip:
Phone:	Phone:

Placard #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I do hereby swear as to the following under penalty of perjury that:

When Citation # \_\_\_\_\_ was issued to my vehicle (check appropriate statement):

\_\_\_\_\_ I legally possessed an official, current handicapped placard registered to me.

\_\_\_\_\_ I, or the person driving my car, had a passenger in the car who legally possessed an official, current handicapped placard.

\_\_\_\_\_ I failed to display the placard.

\_\_\_\_\_ I improperly displayed the placard.

This affidavit is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

at \_\_\_\_\_, California, under oath and penalty of

perjury by:

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature - registered placard owner)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature - vehicle registered owner)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(witness -see instruction below\*)

**\*Witness signatures accepted: a designated City of Thousand Oaks employee or notarization with a general acknowledgement by a Notary Public.**

Please provide a DMV Placard Registration with an issue date prior to the date of the citation in order to qualify for this cancellation.

Receipt #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Authorized Representative