



VIA REGULAR MAIL
November 20, 2018

CITY OF BELLE ISLE, FLORIDA

1600 Nela Avenue
Belle Isle, Florida 32809
(407) 851-7730 • FAX 240-2222
www.cityofbelleislefl.org

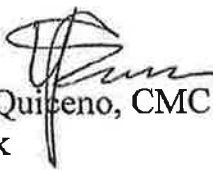
Mr. Ray Witkins
2941 Wild Tamarind Blvd.
Orlando, FL 32828

Dear Mr. Witkins:

RE: Parking Violation Citation P0001152 dated 11-06-2018 (copy attached)

Please be advised, your appeal request hearing has been scheduled for Tuesday, December 4th, 2018 at 6:30 P.M. before the Belle Isle City Council and your presence is requested. The hearing will be held in the Council Chambers, 1600 Nela Avenue, Belle Isle, FL 32809

Should you have any questions regarding this appeal, please contact the City Clerk's Office at 407-851-7730


Yolanda Quiceno, CMC
City Clerk
/yq

cc: File

Request an appeal

Dec 4 2018



Request made
on 11/07/2018

Yolanda Quicino
[Signature]

Rept 742049

AGENCY CASE #		CITATION #		DATE		TIME	
CITATION		P0001152		11/06/2018		9:26 AM	
AGENCY NAME				TYPE OF DEPARTMENT			
BELLE ISLE POLICE DEPT.				2-PD			
COUNTY OF CITATION				PLACE OR CITY OF CITATION			
ORANGE				BELLE ISLE			
VIOLATOR or OWNER							
NAME (PRINT) FIRST		MIDDLE		LAST			
RAY		F		WITKINS			
STREET							
2841 WILD TAMARIND BLVD							
CITY				STATE		ZIP CODE	
ORLANDO				FL		32828	
LICENSE NUMBER				CLASS	STATE	DL EXP.	
BIRTH DATE		RACE		GENDER		HEIGHT	
YR VEHICLE	TAG #	TRAFFIC	TAG #	TAG EXP DATE		STATE	
1999						FL	
COLOR	STYLE	Mfg	MODEL		COMM VEH		
GOLD - GLD	4 DOOR SED	MERZ			NO		
V.I.N. OR MOTOR #				DECAL #			
WDBJF82H0XX022825							
ROADWAY INFORMATION							
ADDRESS #		OCCURRED ON STREET, ROAD, HIGHWAY					
5375		CHISWICK CIR					
FEET	MILES	DIR.	AT/FROM STREET, ROAD, HIGHWAY				
VIOLATION							
CODE #		CHARGE DESCRIPTION					
30-31 (B)		NO TAG ON VEHICLE					
OTHER VIOLATION COMMENTS							
\$150 CITATION-MUST BE CORRECTED BY 11-15-2018							
PAYMENT INFORMATION							
NAME							
CITY OF BELLE ISLE							
ADDRESS							
1800 NELA AVENUE							
CITY						ZIP	
BELLE ISLE						32809	
PHONE #		WEB SITE PAGE					
(407) 240-2473		CITYOFBELLEISLEFL.ORG					
IF PAID	30	FINE	IF PAID	FINE	FILING FEE		
WITHIN	DAYS	\$160.00	AFTER	DAYS			
REPORTING OFFICER							
OFFICER SIGNATURE			BADGE #		ID #	TROOP UNIT	
MR			CSO2		9274	CSO	
RANK	FIRST		MIDDLE		LAST		
CSO	MATTHEW				RABEAU		
FINES MUST BE PAID WITHIN 30 DAYS OF ISSUE. PAYMENT WITH CASHIER CHECK OR MONEY ORDER, MADE PAYABLE TO: CITY OF BELLE ISLE. YOU MUST PAY WITH CASH IN PERSON.							
YOU MAY REQUEST A HEARING WITHIN FIVE(5) DAYS OF ISSUE. FAILURE TO DO SO MEANS YOU HAVE WAIVED YOUR RIGHT TO CONTEST THE MERIT OF THIS CITY ORDINANCE VIOLATION. A \$35 APPEAL FEE MUST BE PAID AT THE TIME OF THE HEARING REQUEST. IF YOU ARE FOUND NOT GUILTY, THE \$35 FEE WILL BE RETURNED.							
FAILURE TO COMPLY WILL RESULT IN A COLLECTION REFERRAL ACTION.							