



VIA REGULAR MAIL  
November 27, 2018

## **CITY OF BELLE ISLE, FLORIDA**

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**1600 Nela Avenue  
Belle Isle, Florida 32809  
(407) 851-7730 • FAX 240-2222  
[www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)**

Mr. Tran Phuoc  
7307 Lake Drive  
Belle Isle, FL 32809

Dear Mr. Phuoc:

RE: Parking Violations: 2014 Ford, 2000 Ford, Gray Mercedes, Black Mercedes and a Silver Ford (copies attached)

Please be advised, your appeal request hearing has been scheduled for Tuesday, December 4<sup>th</sup>, 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  
5700 E Colonial Drive, Orlando, FL 32809



Jahanda

AGENCY CASE # <b>CITATION</b>	CITATION #	DATE <b>11/17/2018</b>	TIME <b>2:27 PM</b>
AGENCY NAME <b>BELLE ISLE POLICE DEPT.</b>		TYPE OF DEPARTMENT <b>2-PD</b>	
COUNTY OF CITATION <b>ORANGE</b>		PLACE OR CITY OF CITATION <b>BELLE ISLE</b>	
<b>VIOLATOR or OWNER</b>			
NAME (PRINT) FIRST <b>TRAN</b>	MIDDLE	LAST <b>PHUOC</b>	
STREET <b>6700 E COLONIAL DR</b>			
CITY <b>ORLANDO</b>		STATE <b>FL</b>	ZIP CODE <b>32809</b>
LICENSE NUMBER		CLASS	STATE DL EXP
BIRTH DATE <b>04/12/1966</b>	RACE	GENDER <b>M</b>	HEIGHT
YR VFHICLE <b>2014</b>	TAG # <b>507PJM</b>	TRAILER TAG #	TAG EXP DATE <b>12/31/2018</b>
COLOR <b>BLACK - BLK</b>	STYLE <b>TK</b>	MAKE <b>FORD</b>	MODEL <b>NO</b>
V.I.N. OR MOTOR # <b>1FT7W2BT7EEB06200</b>		DECAL #	
<b>ROADWAY INFORMATION</b>			
ADDRESS # <b>7307</b>	OCCURRED ON STREET, ROAD, HIGHWAY <b>LAKE DR</b>		
FEET	MILES	DIR.	AT/FROM STREET, ROAD, HIGHWAY
<b>VIOLATION</b>			
CODE # <b>30-73 (C)</b>	CHARGE DESCRIPTION <b>EXCEEDED MAX NUMBER OF VEHICLES ALLOWED ON PROPERTY</b>		
OTHER VIOLATION COMMENTS			
<b>PAYMENT INFORMATION</b>			
NAME <b>CITY OF BELLE ISLE</b>			
ADDRESS <b>1600 NELA AVENUE</b>			
CITY <b>BELLE ISLE</b>		ZIP <b>32809</b>	
PHONE # <b>(407) 240-2473</b>	WEB SITE PAGE <b>CITYOFBELLEISLEFL.ORG</b>		
IF PAID WITHIN <b>30</b> DAYS	IF PAID AFTER <b>\$150.00</b> DAYS	IF PAID WITHIN <b>30</b> DAYS	FILING FEE
<b>REPORTING OFFICER</b>			
OFFICER SIGNATURE <b>M R</b>	BADGE # <b>CSO2</b>	ID # <b>9274</b>	TROOP UNIT <b>CSO</b>
RANK <b>CSO</b>	FIRST <b>MATTHEW</b>	MIDDLE	LAST <b>RABEAU</b>
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.			

(407) 851-7731



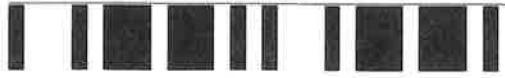
AGENCY CASE # <b>CITATION</b>	CITATION #	DATE <b>11/17/2018</b>	TIME <b>2:39 PM</b>	
AGENCY NAME <b>BELLE ISLE POLICE DEPT.</b>		TYPE OF DEPARTMENT <b>2-PD</b>		
COUNTY OF CITATION <b>ORANGE</b>		PLACE OR CITY OF CITATION <b>BELLE ISLE</b>		
<b>VIOLATOR or OWNER</b>				
NAME (PRINT) FIRST <b>TRAV</b>	MIDDLE	LAST <b>PHUOC</b>		
STREET <b>6700 E COLONIAL DR</b>				
CITY <b>ORLANDO</b>		STATE <b>FL</b>	ZIP CODE <b>32809</b>	
LICENSE NUMBER		CLASS	STATE DL EXP	
BIRTH DATE <b>04/12/1986</b>	RACE	GENDER <b>M</b>	HEIGHT	
YR VEHICLE <b>2000</b>	TAG # <b>PI085Q</b>	TRAILER TAG #	TAG EXP DATE <b>04/30/2019</b>	STATE <b>FL</b>
COLOR <b>UNKNOWN</b>	STYLE	MAKE <b>FORD</b>	MODEL <b>F160</b>	COMM VEH <b>NO</b>
V.I.N. OR MOTOR #		DECAL #		
<b>ROADWAY INFORMATION</b>				
ADDRESS # <b>7307</b>	OCCURRED ON STREET, ROAD, HIGHWAY <b>LAKE DR</b>			
FEET	MILES	DIR.	AT/FROM STREET, ROAD, HIGHWAY	
<b>VIOLATION</b>				
CODE # <b>30-73 (C)</b>	CHARGE DESCRIPTION <b>EXCEEDED MAX NUMBER OF VEHICLES ALLOWED ON PROPERTY</b>			
OTHER VIOLATION COMMENTS				
<b>PAYMENT INFORMATION</b>				
NAME <b>CITY OF BELLE ISLE</b>				
ADDRESS <b>1800 NELA AVENUE</b>				
CITY <b>BELLE ISLE</b>		ZIP <b>32809</b>		
PHONE # <b>(407) 240-2473</b>	WEB SITE PAGE <b>CITYOFBELLEISLEFL.ORG</b>			
IF PAID WITHIN <b>30</b> DAYS	IF PAID AFTER <b>\$160.00</b> DAYS	IF PAID AFTER <b>30</b> DAYS	FILING FEE	
<b>REPORTING OFFICER</b>				
OFFICER SIGNATURE <b>(M) R</b>	BADGE # <b>CSO2</b>	ID # <b>9274</b>	TROOP UNIT <b>CSO</b>	
RANK <b>CSO</b>	FIRST <b>MATTHEW</b>	MIDDLE	LAST <b>RABEAU</b>	
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.				



AGENCY CASE # <b>CITATION</b>	CITATION #	DATE <b>11/17/2018</b>	TIME <b>2:57 PM</b>
AGENCY NAME <b>BELLE ISLE POLICE DEPT.</b>		TYPE OF DEPARTMENT <b>2-PD</b>	
COUNTY OF CITATION <b>ORANGE</b>		PLACE OR CITY OF CITATION <b>BELLE ISLE</b>	
<b>VIOLATOR or OWNER</b>			
NAME (PRINT) FIRST <b>TRAN</b>	MIDDLE	LAST <b>PHUOC</b>	
STREET <b>6700 E COLONIAL DR</b>			
CITY <b>ORLANDO</b>		STATE <b>FL</b>	ZIP CODE <b>32809</b>
LICENSE NUMBER		CLASS	STATE DL EXP.
BIRTH DATE <b>04/12/1966</b>	RACE	GENDER <b>M</b>	HEIGHT
YR VEHICLE	TAG #	TRAILER TAG #	TAG EXP DATE STATE
COLOR <b>GRAY - GRY</b>	STYLE <b>2 DOOR SED</b>	MAKE <b>MERCEDES</b>	MODEL <b>SL500</b> COMM VEH <b>NO</b>
V.I.N. OR MOTOR # <b>WDBSK75F63017023</b>		DECAL #	
<b>ROADWAY INFORMATION</b>			
ADDRESS # <b>7307</b>	OCCURRED ON STREET, ROAD, HIGHWAY <b>LAKE DR</b>		
FEET	MILES	DIR.	AT/FROM STREET, ROAD, HIGHWAY
<b>VIOLATION</b>			
CODE # <b>30-31 (B)</b>	CHARGE DESCRIPTION <b>VEHICLE DOES NOT HAVE A TAG PRESENT</b>		
OTHER VIOLATION COMMENTS			
<b>PAYMENT INFORMATION</b>			
NAME <b>CITY OF BELLE ISLE</b>			
ADDRESS <b>1800 NELA AVENUE</b>			
CITY <b>BELLE ISLE</b>		ZIP <b>32808</b>	
PHONE # <b>(407) 240-2473</b>	WEB SITE PAGE <b>CITYOFBELLEISLEFL.ORG</b>		
IF PAID WITHIN <b>30</b> DAYS	IF PAID AFTER <b>30</b> DAYS	IF PAID WITHIN <b>30</b> DAYS	IF PAID AFTER <b>30</b> DAYS
FINE <b>\$150.00</b>		FINE	
FILING FEE			
<b>REPORTING OFFICER</b>			
OFFICER SIGNATURE <b>MR</b>	BADGE # <b>CS02</b>	ID # <b>9274</b>	TROOP UNIT <b>CSO</b>
RANK <b>CSO</b>	FIRST <b>MATTHEW</b>	MIDDLE	LAST <b>RABEAU</b>
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.			



AGENCY CASE # <b>CITATION</b>	CITATION #	DATE <b>11/17/2018</b>	TIME <b>3:02 PM</b>	
AGENCY NAME <b>BELLE ISLE POLICE DEPT.</b>		TYPE OF DEPARTMENT <b>2-PD</b>		
COUNTY OF CITATION <b>ORANGE</b>		PLACE OR CITY OF CITATION <b>BELLE ISLE</b>		
<b>VIOLATOR or OWNER</b>				
NAME (PRINT) FIRST <b>TRAN</b>	MIDDLE	LAST <b>PHUOC</b>		
STREET <b>6700 E COLONIAL DR</b>				
CITY <b>ORLANDO</b>		STATE <b>FL</b>	ZIP CODE <b>32809</b>	
LICENSE NUMBER		CLASS	STATE DL EXP.	
BIRTH DATE <b>04/12/1968</b>	RACE	GENDER <b>M</b>	HEIGHT	
YR VEHICLE	TAG #	TRAILER TAG #	TAG EXP DATE STATE	
COLOR <b>BLACK - BLK</b>	STYLE <b>2 DOOR SED</b>	MAKE <b>MERCEDES</b>	MODEL <b>SL650</b>	COMM VEH <b>NO</b>
V.I.N. OR MOTOR # <b>WDDJK7DA9DF014742</b>		DECAL #		
<b>ROADWAY INFORMATION</b>				
ADDRESS # <b>7307</b>	OCCURRED ON STREET, ROAD, HIGHWAY <b>LAKE DR</b>			
FEET	MILES	DIR	AT/FROM STREET, ROAD, HIGHWAY	
<b>VIOLATION</b>				
CODE # <b>30-31 (B)</b>	CHARGE DESCRIPTION <b>VEHICLE DOES NOT HAVE A TAG PRESENT</b>			
OTHER VIOLATION COMMENTS				
<b>PAYMENT INFORMATION</b>				
NAME <b>CITY OF BELLE ISLE</b>				
ADDRESS <b>1800 NELA AVENUE</b>				
CITY <b>BELLE ISLE</b>		ZIP <b>32809</b>		
PHONE # <b>(407) 240-2473</b>	WEB SITE PAGE <b>CITYOFBELLEISLEFL.ORG</b>			
IF PAID WITHIN <b>30</b> DAYS	IF PAID AFTER <b>\$150.00</b> DAYS	IF PAID AFTER <b>FINE</b> DAYS	FILING FEE	
<b>REPORTING OFFICER</b>				
OFFICER SIGNATURE <i>M R</i>	BADGE # <b>CS02</b>	ID # <b>9274</b>	TROOP UNIT <b>CSO</b>	
RANK <b>CSO</b>	FIRST <b>MATTHEW</b>	MIDDLE	LAST <b>RABEAU</b>	
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.				
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FAILURE TO COMPLY WILL RESULT IN A COLLECTION REFERRAL ACTION.				



AGENCY CASE # <b>CITATION</b>	CITATION #	DATE <b>11/17/2018</b>	TIME <b>2:47 PM</b>	
AGENCY NAME <b>BELLE ISLE POLICE DEPT.</b>		TYPE OF DEPARTMENT <b>2-PD</b>		
COUNTY OF CITATION <b>ORANGE</b>		PLACE OR CITY OF CITATION <b>BELLE ISLE</b>		
<b>VIOLATOR or OWNER</b>				
NAME (PRINT) FIRST <b>TRAN</b>		MIDDLE	LAST <b>PHUOC</b>	
STREET <b>6700 E COLONIAL DR</b>				
CITY <b>ORLANDO</b>		STATE <b>FL</b>	ZIP CODE <b>32809</b>	
LICENSE NUMBER		CLASS	STATE DL EXP.	
BIRTH DATE <b>04/12/1988</b>	RACE	GENDER <b>M</b>	HEIGHT	
YR VEHICLE	TAG #	TRAILER TAG #	TAG EXP DATE STATE	
COLOR <b>SILVER, AT MINIMUM</b>	STYLE <b>4 DOOR TRU</b>	MAKE <b>FORD</b>	MODEL <b>RAPTOR SVT</b>	COMM VEH <b>NO</b>
V.I.N. OR MOTOR # <b>1FTFW1R68DFB8944</b>		DECAL #		
<b>ROADWAY INFORMATION</b>				
ADDRESS # <b>7307</b>	OCCURRED ON STREET, ROAD, HIGHWAY <b>LAKE DR</b>			
FEET	MILES	DIR.	AT/FROM STREET, ROAD, HIGHWAY	
<b>VIOLATION</b>				
CODE # <b>30-31 (B)</b>	CHARGE DESCRIPTION <b>VEHICLE DOES NOT HAVE A TAG PRESENT</b>			
OTHER VIOLATION COMMENTS				
<b>PAYMENT INFORMATION</b>				
NAME <b>CITY OF BELLE ISLE</b>				
ADDRESS <b>1600 NELA AVENUE</b>				
CITY <b>BELLE ISLE</b>		ZIP <b>32809</b>		
PHONE # <b>(407) 240-2473</b>	WEB SITE PAGE <b>CITYOFBELLEISLEFL.ORG</b>			
IF PAID WITHIN <b>30</b> DAYS	FINE <b>\$150.00</b>	IF PAID AFTER DAYS	FINE FILING FEE	
<b>REPORTING OFFICER</b>				
OFFICER SIGNATURE <b>TR</b>	BADGE # <b>CSO2</b>	ID # <b>9274</b>	TROOP UNIT <b>CSO</b>	
RANK <b>CSO</b>	FIRST <b>MATTHEW</b>	MIDDLE	LAST <b>RABEAU</b>	
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.				
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