FIFE MUNICIPAL COURT
3737 Pacific Highway E, Suite 100
Fife, WA 98424
253-922-6635
Fax: 253-926-5435

DECLARATION OF RECEIPT OF PUBLIC ASSISTANCE

PHOTO INFRACTION

CITY OF FIFE, Plaintiff,

vs.

_____
Defendant

Ticket No: _____

License Plate #: _____

State of Plate: _____

Complete the Declaration of Receipt of Public Assistance if you are requesting reduced penalties as a recipient of public assistance and this is your first automated traffic safety camera violation or a subsequent violation issued within 21 days of issuance of the first automated traffic safety camera violation.

I am the registered owner of the vehicle in the above referenced Notice of Infraction. I am a recipient of public assistance under Title 74 RCW other than Medicaid, or a participant in the Washington women, infants, and children program, AND this is my first automated traffic safety camera violation or subsequent violations issued within 21 days of issuance of my first automated traffic safety camera violation.

DECLARATION - I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Print Name: _____

Signature: _____ Date: ___/___/___ City, State: _____

Address: _____
Street City/State Zip Code

Phone: _____ Email: _____