Stuart CITY OF STUART, FLORIDA

UNIFORM PARKING CITATION **CITATION NO. PT 08939**

DAY OF WEEK	THU	MONTH	11	DAY	21	YEAR	19	TIME	3:25	☐ AM ☐ PM
LOCATION	201 Flagler Ave.									
TAG NO. & STATE	GPW5499 - OHIO									
MAKE	Kia	MODEL	Forte	COLOR	gray					
OTHER INFORMATION										

Parking Violation	Fine
☐ (1) Prohibited Parking/Standing/Stopping	$ 25.00
☐ (2) Blocking Driveway	$ 25.00
☐ (3) On Sidewalk	$ 25.00
☐ (4) Loading Zone	$ 25.00
☐ (5) Left Side to Curb	$ 25.00
☐ (6) Yellow Curb	$ 25.00
(7) Three-Hour Parking Violations:	
☐ a. First Three Violations in a 12-Month Period	$ 25.00
☐ b. Fourth and Fifth Violations in a 12-Month Period	$ 50.00
☐ c. Sixth and Each Additional Violation -12-Month Period	$ 200.00
☐ (8) Within an Intersection	$ 25.00
☐ (9) Obstructing traffic	$ 25.00
☐ (10) Within 15 Feet of Hydrant	$ 25.00
☐ (11) In Fire Lane	$ 25.00
☐ (12) Emergency Vehicle Only	$ 25.00
☒ (13) Disabled Parking Only	$ 250.00
☐ a. Failure to display Disabled Parking Permit	$ 25.00
☐ (14) Truck Parked in a Residential Area	$ 25.00
☐ (15) Failure to Park in a Designated Parking Space	$ 25.00
☐ (16) Temporary Tow-Away Zone	$ 100.00
☐ (17) Other parking violation: _____	$ 25.00

Fines not paid or contested within ten days of issuance shall automatically double in amount.

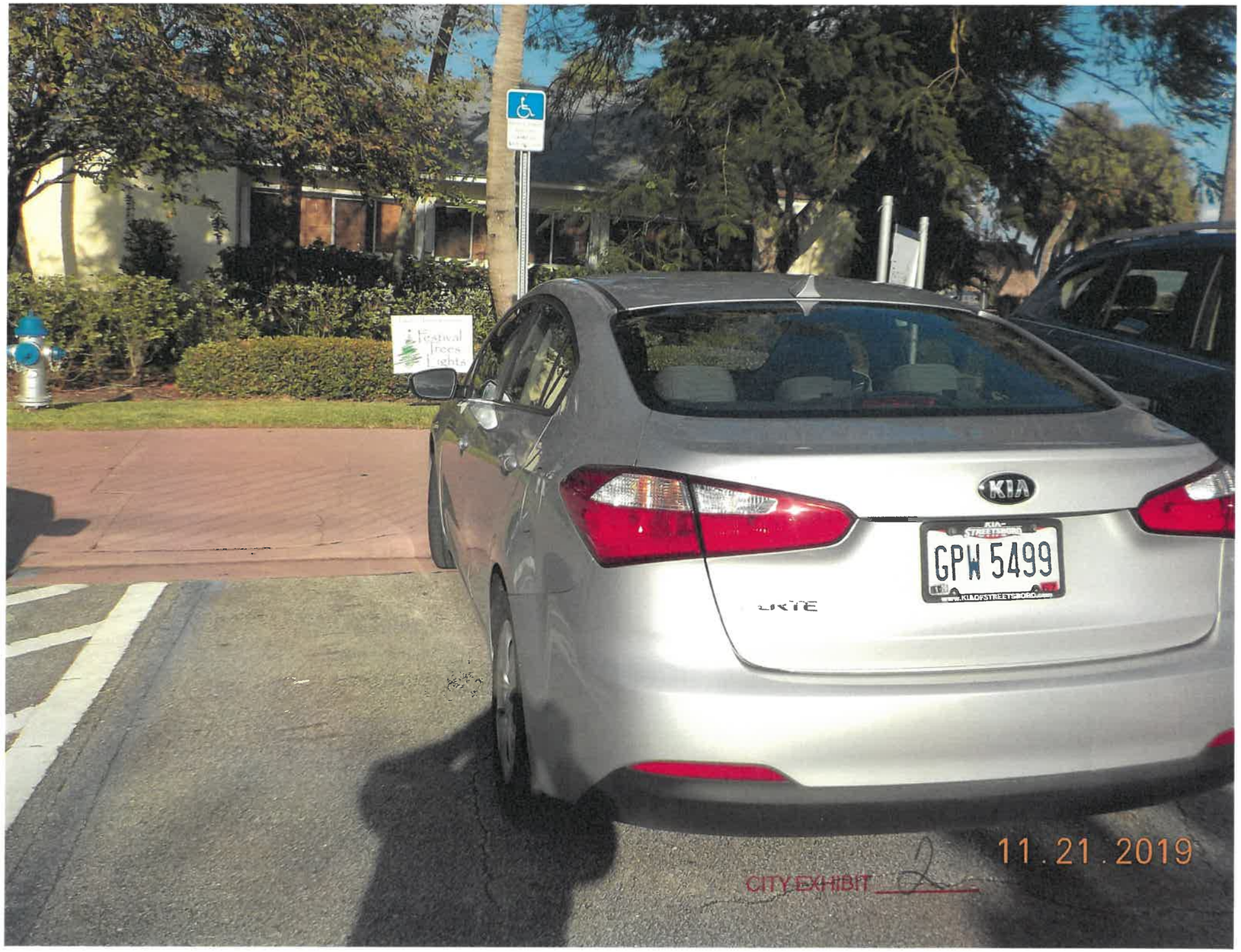
At the date and time stated above, the undersigned officer did observe the violation checked. This citation is issued pursuant to Chapter 316, Florida Statutes, and City Code. **You are required to do one of the following on the reverse side.**

J. Chilly 257

Officer Rank-Signature-Badge No.

WHITE - City Records YELLOW - Individual

CITY EXHIBIT 1


Festival Trees Lights
KIA
GPW 5499
11.21.2019
CITY EXHIBIT


CITY EXHIBIT 3
11.21.2019

CITY OF STUART, FLORIDA
CODE ENFORCEMENT MAGISTRATE

Case No: **PT08939**

Officer ID & Name: **251 - Cruz**

CITY OF STUART, FLORIDA,
Petitioner,
v.

Mary Amon
2600 SE Ocean Blud APT X-4
Stuart, FL 34996
Respondent(s).

NOTICE OF HEARING – CITATION

Please take notice that on **Thursday,** the **16th** day of **January**, **2020**, at **10:00 A.M.**, the City will bring on to be heard before the Magistrate, City's Citation / Notice to Appear, Case No **PT08939** in the Commission Chambers, City Hall, 121 S.W. Flagler Avenue, Stuart, Florida. If you fail to attend, the Magistrate may proceed without you being present and may fine you up to $500.00 and assess costs of this action up to $200.00.

Please govern yourself accordingly.

I HEREBY CERTIFY that a true copy of this Notice of Hearing was served upon the Respondent by **Certified U. S. Mail** ☒ or hand delivery ☐ on this **9th** day of **December 2019**.

CERT NO: 70180680000183977555

By: _____
Josh Cruz
Civilian Enforcement Officer

CITY EXHIBIT 4

7018 0680 0001 8397 7555

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

12/9 Postmark Here

Postage
$

Total Postage and Fees
$

Sent To Mary Amon
Street and Apt. No., or PO Box No. 2600 SE Ocean Blvd. Apt X-4
City, State, ZIP+4® Stuart, FL 34996

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mary Amon
2600 SE Ocean Blvd
Apt X-4
Stuart FL 34996

9590 9402 4075 8092 9648 11

Notice of Hearing

2. Article Number *(Transfer from service label)*
7018 0680 0001 8397 7555

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary D Amon ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Mary D. Amon
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

CITY EXHIBIT 5