IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

AFFIDAVIT OF ACKNOWLEDGMENT OF PAYMENT

1. My name is _____. I am over the age of eighteen and competent to make this affidavit.
2. I acknowledge that I voluntarily authorized and made a payment in the amount of **$_____** to the **Clerk of Courts** for my **Parking Citation(s).**
3. I understand that this payment was made to satisfy the outstanding balance owed for the parking citation(s) associated with my vehicles tag number _____.
4. I affirm that the payment was authorized by me and was not the result of fraud, theft, or unauthorized use of my payment method.
5. I make this affidavit voluntarily and understand that it may be relied upon in connection with any dispute, chargeback investigation, or legal proceedings concerning this transaction.

Executed on this _____ day of _____**,** 20_____.

Signature: _____

Printed Name: _____

Mailing Address: _____

_____, _____, _____
City State Zip Code