

PHILADELPHIA PARKING AUTHORITY CITY OF PHILADELPHIA COMMONWEALTH OF PENNSYLVANIA RED LIGHT CAMERA PROGRAM

P.O. Box 8248 Philadelphia, PA 19101

Telephone Number: (844) 248-0449



NOTICE OF VIOLATION

ISSUED: 01/13/2023

THE CITY OF PHILADELPHIA

AMOUNT DUE: \$100.00

You can view full color images and video online at:

https://public.cite-web.com

CITATION: RL220243407 PIN:432120427

000029 - 000029 LINDY COMMUNITIES 309 YORK RD **JENKINTOWN, PA 19046**

VIOLATION DATE/TIME: 12/14/2022 12:01 PM VIOLATION DATE/TIME: 12/14/2022 12:01 PM

LOCATION: W/B Adams Ave @ Rising Sun Ave



I have inspected the recorded images affixed to this Notice of Violation, and believe all the information to be true and correct, and that the red light camera system was operating correctly at the time the driver entered the intersection after the light turned red. I hereby affirm and certify that these images evidence a violation of section 3112(a)(3) of Title 75 of the Pennsylvania Consolidated Statutes and The Philadelphia Code Chapter 12-3000. As the registered owner of the vehicle, you are liable to pay a fine of \$100.00 pursuant to PA. C.S. § 3116(d).









Response to this Notice of Violation shall be made personally, by mail or by agent duly authorized in writing, within 30 days of the issue date; you must either, admit liability and pay the fine in full OR request in writing a Hearing to dispute this violation. Failure to return payment for the Notice of Violation OR to request a Hearing within 30 days of mailing of the Notice of Violation shall be considered an admission of liability. You will lose your right to a Hearing, additional late fees and penalties will be applied to the original fine making your vehicle eligible to be booted and towed. See reverse for payment and Hearing request instructions.



- Returned checks are electronically re-presented and charged the Commonwealth allowed fee.
- Make your check or money order payable to the Philadelphia Parking Authority.
- DO NOT MAIL CASH
- Write the Citation # on the front of your payment.
- Do not tape, staple or paperclip items.
- П If requesting a hearing, sign the reverse side of this coupon.
- Insert this tear-off coupon in the enclosed envelope with the address showing through the window and mail to:

AMOUNT DUE: \$100.00

Detach here and return bottom portion with payment

Name: LINDY COMMUNITIES

Due Date: 02/12/2023

Citation: RL220243407

Issued: 01/13/2023

Plate: ZST8817

State: PA

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