## BELLEVUE SCHOOL DISTRICT School Bus Stop Signal Safety Program AFFIDAVIT OF NON-LIABILITY

Notice of Infraction #:		mplaint #:		
Vehicle License Plate #:	St	ate:		
In the space above, you must upper right of the front of the No involved in the violation. Pleas Notice of Infraction # or Comple violation.	otice of Infraction. Also please per write clearly and make sure	provide the license plate re you record the info	e and state for the vehicle rmation accurately. If the	
I received the Notice of Infra Notice of Infraction, the veh			ce indicated in the	
Sold (include a copy of e when vehicle was taken	either a bill of sale OR a cop off of policy and provide th			
☐ Stolen (provide vehicle o	or license plate; include a c	opy of the police rep	ort)	
☐ Not in my care, custody	or control (provide the driv	ver's name and addre	ss below)	
Name:				
Address:	Street	City	State ZIP	
Other:		ŕ		
Your Affidavit will be revie by mail.	wed by the King County Distr	rict Court. You will be	notified of the outcome	
l declare under pena	lty of perjury that the inform	mation provided in th	is Affidavit is true.	
Your signature		Date		
Print your name	Your telephone numbe	r Youi	Your email address	
Your Street Address	Your City	Your State	Your Zip Code	

Mail to: King County District Court Issaquah Courthouse 5415 220th Avenue SE Issaquah, WA 98029-6839