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

Notice of Infraction #:		Notice #:	
Vehicle License Plate	#:	State:	
upper right of the front o vehicle involved in the	must accurately write the Infraction for the Notice of Infraction. Also ple violation. Please write clearly as unclear or incorrect, we may not	ase provide the license pland record the information	ate and state for the n accurately. If the
	of Infraction listed above. At the vehicle described in the Not		e indicated in the
	opy of either a bill of sale O nicle was taken off of policy		
☐ Stolen (provide vel	hicle or license plate; include a	a copy of the police repo	rt)
☐ Not in my care, cus	stody or control (provide the d	river's name and addres	s below)
Name:			
Address:			
Other:	Street	City	State Zip
Your Affidavit will be revie declare under penalty of	wed by the King County District Cou perjury that the information prov	urt. You will be notified of the ided in this Affidavit is true	outcome by mail. I
Your Signature		Date	
Print your name	Your telephone number	Your email a	ddress
Your mailing address	Your city	Your state	Your zip code

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