



City of Austin Municipal Court

Address: 700 E. 7th St., Austin, TX 78701

Mail: P.O. Box 2135, Austin, TX 78768

Phone: (512) 974-4800; Fax: (512) 974-4882

Email: court@austintexas.gov; Internet: www.austintexas.gov/court



Attention: The Court is moving. Effective March 23, 2020 the address for the court will be 6800 Burleson Rd., Building 310, Austin, TX 78744. All court appearances and other related court business will take place at the new address beginning March 23rd.

CAMERA RED LIGHT NON-LIABILITY AFFIDAVIT

Complete this affidavit fully. This affidavit must be notarized. Any information or proof not provided by the respond date on your citation will make this affidavit null and void.

Citation Number: _____

I, _____, was not the driver of the vehicle with license plate number _____ on the date(s) of _____ when the vehicle was cited for running a red light(s).

(Please Check One)

☐ Vehicle or license plates were **STOLEN** prior to violation. **Attach police report.**

OR

☐ Vehicle was **SOLD** prior to violation. Provide new owner information in the responsible party section below. **Attach supporting documents such as a Texas DMV transfer notice or statement from the Tax Assessor's office verifying the transfer of sale.**

OR

☐ Vehicle was a **RENTAL**. The renter information is listed in responsible party section below. **Attach rental agreement.**

OR

☐ Vehicle was being **DRIVEN BY ANOTHER PERSON**. Provide the driver information in the responsible party section below.

⇒ Responsible Party's Full Name (please print): _____

⇒ Complete Address: _____

I understand that providing false information is a violation of the law and could lead to criminal prosecution and additional charges against me. I understand that it is my responsibility to notify the Texas Department of Motor Vehicles if I am no longer the owner of the vehicle. I further understand that this is my only opportunity to name another person responsible for the violation. If the above named individual is found not to be the operator at the time of the violation, then I will be held liable for the violation. By my signature below, I affirm the information provided in this affidavit is true and correct.

Signature: _____

Printed Name: _____

Complete Address: _____

Email Address: _____ Telephone Number: _____

SWORN AND SUBSCRIBED before me on this _____ day of _____, 20_____.

_____ OR _____

Deputy Court Clerk
Austin Municipal Court, Austin, Texas

Notary in and for the State of Texas
My Commission Expires _____

Note: If mailed, this affidavit must be notarized.

The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.