

**CITY OF MILWAUKIE
AFFIDAVIT OF NON-LIABILITY
DRIVER IDENTIFICATION FORM**

FILL OUT THE INFORMATION BELOW ON THE PERSON ACTUALLY DRIVING.

1. FILL OUT SECTION 1 OR SECTION 2

2. FILL OUT DECLARATION

3. PLEASE MAIL THIS FORM TO:

**MILWAUKIE MUNICIPAL COURT
10722 SE MAIN STREET
MILWAUKIE, OR 97222**

SECTION 1

If you **SOLD** the vehicle prior to the violation date, please indicate the new owner below.

Print New Owner's Name:

Address:

City, State, Zip:

SECTION 2

If you **OWN** the vehicle, but were not driving at the time of the violation, please fill out the form below to identify the person driving the vehicle at the time of the violation.

Print Driver's Name:

Address:

City, State, Zip:

Driver's License: _____

Issued in the State of: _____

Date of Birth: _____

DECLARATION

I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.

Date: _____

Signature: _____

Print Your Full Name: _____

Your Phone Number: _____

Name:

Appearance date:

Court Location: Milwaukie Municipal Court