

**MARSHALLTOWN POLICE DEPARTMENT**  
Citations Processing Center, Marshalltown, IA  
PO BOX 7200  
Beverly, MA 01915



**Delivery Address**  
Line 2  
Line 3



I am a duly authorized enforcement officer for the Marshalltown Police Department. Based on my inspection of the recorded images shown above, the motor vehicle was operated in violation of Chapter 70 of the Municipal Code of the City of Marshalltown. Sworn to or affirmed by:

Approver

Badge # 123123



Payments must be made in full to close out the account. Partial payments will be posted to the account however until the debt due and owing is paid in full, the debt will be the responsibility of the owner. Do not send cash. It will not be accepted. Payments will not be accepted at the Marshalltown Police Department.  
(Rev. 01/30/2023)

**Municipal Code Chapter 70**

Under Chapter 70-072(A) of the Municipal Code of the City of Marshalltown, Iowa, If a vehicle is detected traveling at a speed above the posted limit, the Vehicle Owner shall be subject to a civil fine, as set forth in Chapter 70-074 of the Municipal Code of the City of Marshalltown, Iowa.

As the registered owner of the vehicle identified herein, you are hereby notified that your vehicle was detected traveling above the legal speed limit, as detailed more fully below under "Violation Video and Plate Information." By visiting the website [www.viewcitation.com](http://www.viewcitation.com) and using the citation number and PIN set forth below, you may find a link to the Municipal Code of Marshalltown Iowa, Chapter 70 and review any recorded images of the violation.

The back of this Notice provides information regarding how to contest the violation. Within 30 days from the date on which this Notice was generated (shown at the top of this page), you should either contest the violation or pay it. If you do not, a civil lawsuit may be filed against you, which could result in a judgment against you for filing fees and court costs in addition to the civil penalty stated in this notice.

**Violation Video & Plate Information**

	<b>Citation #:</b> XXX.XXXXXXXXXX
	<b>Pin #:</b> XXXXXX
	Date: MM/DD/YYYY Time: XX:XX PM Location: XXXXXXXXX Red Light Time: 1.0 s
	Make: CHEV Model: PICKUP Posted Speed: NA Vehicle Speed: 14 MPH <b>Plate Number: XXXXXXXX</b>
<b>▶ To View a Video of Your Violation and Make a Payment</b>	
<b>Pay online:</b> Visit <a href="http://www.viewcitation.com">www.viewcitation.com</a>	
<b>Pay by mail:</b> Checks / Money Orders made payable to the City of Marshalltown. Detach and send remittance slip along with payment.	
<b>Pay by phone:</b> 1-844-397-3111 M-Th (8:00 am - 8:00 pm) F (8:00 am - 6:00 pm) EST. Visa, Discover and Mastercard are accepted.	

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<b>Citation Number</b> XXX.XXXXXXXXXX	<b>Plate Number</b> XXX XXXX
<b>AMOUNT DUE</b>	<b>\$XXX.XX</b>
<b>DATE DUE</b>	<b>MM/DD/YYYY</b>

**Make check or money order payable to:**  
City of Marshalltown

**Mail inquiries to:**  
Citations Processing Center, Marshalltown, IA  
PO BOX 7200  
Beverly, MA 01915

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**Pago por Internet:** Visite [www.viewcitation.com](http://www.viewcitation.com)

**Pago por correo:** Cheques/giros postales pagaderos a la ciudad de Marshalltown. Separe y envíe el comprobante de pago junto con el pago.

**Pague por teléfono:** 1-844-397-3111 de Lunes a Jueves (8:00 am - 8:00 pm) Viernes (8:00 am - 6:00 pm) EST. Visa, Discover y Mastercard son aceptado.

*A credit card convenience fee will be added when paying online or over the phone (3.5% plus 50 cents per transaction)*

## TO CONTEST THE CITATION

### OPTION 1: ADMINISTRATIVE REVIEW

To contest this citation, download and complete the **Non-Appearance Form** at [www.viewcitation.com](http://www.viewcitation.com). Please mail this form, as well as any documentation and/or evidence, by the due date specified on this notice. You will not be required to attend the scheduled hearing in person. Please call 1-844-397-3111 M-Th (8:00am - 8:00pm) F (8:00am - 6:00pm) EST. if you have any questions in regards to your by-mail hearing.

If your vehicle or plates were stolen at the time of the violation, complete the non-appearance form and mail this, along with police reports, to the address below.

Please mail Non- Appearance form to:

**Citations Processing Center, Marshalltown, IA  
PO BOX 7200  
BEVERLY, MA 01915**

You will be notified by mail of your hearing's outcome.

**Before paying or contesting the violation, it is recommended that you contact an attorney and review the local ordinance, images and details of the violation, which can be found at [www.viewcitation.com](http://www.viewcitation.com)**

### OPTION 2: MUNICIPAL INFRACTION CASE

You may request that the City file a municipal infraction, instead of an administrative hearing or if you are unsatisfied with the outcome of your previous administrative hearing. (see item 1 on the left of this page)

Even if you do not request a municipal infraction, the City may file one against you.

This is a case that is tried before the Marshall County District Court. There are court costs associated with filing a municipal infraction. The losing party is responsible for those costs and fees. Failure to appear for the hearing may result in a finding of liability for the municipal infraction.

To request a municipal infraction case be filed, send a request via email to [trafficsafetyprogram@marshalltown-ia.gov](mailto:trafficsafetyprogram@marshalltown-ia.gov).

**Request MUST be made by the due date listed on the front of this notice.**

**Please mail affidavit to:** Citations Processing Center - Marshalltown, IA, PO BOX 7200, Beverly, MA 01915

### AFFIDAVIT OF DEFENSE (Fill out within **30 days** after receipt of this notice)

\*\*\*FOR USE AS TRANSFER OF LIABILITY ONLY. DO NOT USE THIS FORM IF YOU ARE REQUESTING AN ADMINISTRATIVE REVIEW. \*\*\*

**THE OWNER AND THE DRIVER ARE REQUIRED TO SIGN THIS TRANSFER DOCUMENT**

My motor vehicle was in the care, custody, or control of another person (THE FOLLOWING INFORMATION IS REQUIRED):

Name of person: \_\_\_\_\_ Address of person: \_\_\_\_\_

Person's Date of Birth: \_\_\_\_\_ Driver's License Number (if known): \_\_\_\_\_

*I declare under penalty of perjury that the foregoing information (and all documentation in support of my defense) is true and correct to the best of my knowledge and ability.*

\*\*\*Please include any applicable evidence or paperwork\*\*\*

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

*This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who provided \_\_\_\_\_ as positive identification.*

My Commission Expires: \_\_\_\_\_

(Signature of Notary Public)

(MY SEAL):

**THE AFFIDAVIT MUST BE NOTARIZED OTHERWISE IT WILL NOT BE ACCEPTED.**