



**City of Wilmington  
SafeLight Program  
AFFIDAVIT OF NON-RESPONSIBILITY**



**Citation Number:** \_\_\_\_\_ **Complaint #:** \_\_\_\_\_

**Vehicle License Plate Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

In the space above, you must accurately write the 13-digit Notice Number that appears in the box in the upper right of the front of the Notice of Citation. Also please provide the license plate number and state for the vehicle involved in the violation. Please write clearly and make sure you record the information accurately. If the Notice of Citation Number is unclear or incorrect, the Hearing Officer will not be able to match your affidavit to your Citation, and the Notice of Citation will proceed to a collection agency if not paid.

**I received the City of Wilmington Notice of Citation number listed above. At the time of the Citation indicated on the Notice:**

**Vehicle was in the care and/or custody of the person listed below.**

**Vehicle was stolen. (Police or Insurance documentation required)**

**Driver/New Owner Name:** \_\_\_\_\_

**Driver/New Owner's Address:** \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Under penalty of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.**

\_\_\_\_\_  
**Your signature** **Date**

\_\_\_\_\_  
Print your name Your telephone number Your email address

\_\_\_\_\_  
Your street address City State Zip Code (Required)

**This affidavit must be notarized and mailed to:**

**City of Wilmington SafeLight Program  
P.O. Box 1810  
Wilmington, NC 28402**

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Printed Name Notary Public Signature

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