



# City of Austin Municipal Court

[Municipal Court|AustinTexas.gov](http://MunicipalCourtAustinTexas.gov) – The official Website of the City of Austin

Address: 6800 Burleson Road Building 310, Suite 175 Austin, TX 78744

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

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

Email: [court@austintexas.gov](mailto:court@austintexas.gov)



## PARKING 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.

License Plate: \_\_\_\_\_

I, \_\_\_\_\_, was not the driver of the vehicle with license plate number \_\_\_\_\_ on the date(s) when the vehicle was cited for the parking violation(s). On (date) \_\_\_\_\_, this vehicle was:

**(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.** Provide the new owner information in the responsible party section below.

OR

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

⇒ 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. 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\_\_\_\_\_.

\_\_\_\_\_  
Deputy Court Clerk  
Austin Municipal Court, Austin, Texas

OR

\_\_\_\_\_  
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.