



**VIRGINIA STATE POLICE**  
**Work Zone Speed Safety Camera Program**  
**WORK ZONE VIOLATION / SUMMONS**

**Mail Date:** 03/16/2026

Vehicle Owner Name: FIRSTNAME FIRSTNOTICE LASTNAME

Virginia State Police has instituted a photo speed enforcement program to reduce the number of work zone speeding violations. Please take notice that the vehicle described and pictured herein was photographed speeding in a work zone in violation of Code of Virginia section 46.2-882.1.

The registered owner of a motor vehicle is liable for payment of a civil penalty in the amount of \$100.00 if the vehicle is recorded exceeding the posted speed limit. Each photograph has the date, time, location, and speed of the vehicle when the violation occurred. The recorded images are evidence of a violation of Code of Virginia section 46.2-882.1.

Payment of the fine is considered an **ADMISSION OF LIABILITY** and waives your right to a hearing. Unless you request a court hearing, payment of the civil penalty in the amount of \$100.00 must be received on or before due date.

This citation is not considered a "moving violation". **PAYMENT OF THE PENALTY AMOUNT FOR THE VIOLATION WILL NOT RESULT IN POINTS ASSESSED BY THE VIRGINIA DEPARTMENT OF MOTOR VEHICLES, WILL NOT APPEAR ON YOUR VIRGINIA DRIVING RECORD AND CANNOT BE USED TO INCREASE INSURANCE RATES.**

**VIOLATION INFORMATION**

<b>DATE AND TIME OF VIOLATION</b>	<b>LOCATION OF VIOLATION</b>	<b>VEHICLE TAG</b>
01/14/2026 07:20 AM	4012 - Parkway Rte 286 SB	VA SZZ6709
<b>POSTED SPEED</b>	<b>VEHICLE SPEED</b>	
45 mph	61 mph	
<b>CITATION NUMBER</b>	<b>AMOUNT DUE</b>	<b>DATE DUE</b>
VSW261000010	\$100.00	03/16/2026

**PAYMENT AND CONTEST INFORMATION**

**PAY BY WEB:** Go to <http://usview.cite-web.com> and click on "Pay Online" to pay via credit card (VISA/MASTERCARD/DISCOVER).

**PAY BY PHONE:** Call (833) 951-5964 and follow the automated prompts. Please have your ticket number and credit card ready (VISA/MASTERCARD/DISCOVER).

**PAY BY MAIL:** Check or money order must be made payable to Virginia State Police. Mail your payment and payment stub to: Virginia State Police Speed Safety Camera Program, PO Box 1288 Baltimore, MD 21203. Include the citation number and vehicle tag number on your check or money order TO ENSURE PROPER CREDIT. DO NOT SEND CASH. A \$35.00 administrative fee will be assessed for rejected or declined payments.

**TO SCHEDULE A COURT HEARING OR TO CONTEST THE VIOLATION:** See reverse side of this page

**Si usted requiere ayuda en español, favor de comunicarse con nuestro servicio al cliente al: (833) 951-5964.**

You can view full color images and pay online at:  
<https://usview.cite-web.com>  
 Citation Number: VSW261000010 Pin Number: 268812181



I am a duly authorized law enforcement officer employed by or under contract with the Virginia State Police Department. Based on my inspection of the recorded images shown above, the motor vehicle was operated in violation of Code of Virginia section 46.2-882.1 as evidenced by the above images. **Sworn to or Affirmed By:**

Approver: Signature Badge #: PWTEST

**Detach and return with payment. Do not send cash. It will not be accepted.**

**Name & Address of Registered Owner:**

FIRSTNAME FIRSTNOTICE LASTNAME  
 355 WEXWOOD DR  
 NORTH CHESTERFIELD, VA 23236

Citation Number: VSW261000010

<b>AMOUNT DUE</b>	\$100.00
<b>DATE DUE</b>	03/16/2026

**Make check or money order payable to:** Virginia State Police

**Mail payment to:**  
 Virginia State Police  
 PO Box 1288

**Baltimore, MD 21203**



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# VIRGINIA STATE POLICE

## Work Zone Speed Safety Camera Program Payment and Hearing Date Instructions

A vehicle registered or leased to you, was photographed by an automatic camera connected to a speed monitoring system. Superimposed on each photograph is the date, time, location and speed of the vehicle when the violation occurred.

This citation is not considered a moving violation. It is a civil citation holding the registered owner or lessee responsible for the violation. **NO POINTS CAN BE ASSESSED FOR THIS VIOLATION AND IT WILL NOT APPEAR ON YOUR DRIVING RECORD.**

### PAYMENT OPTIONS:

**PAY BY WEB:** Go to <https://usview.cite-web.com> and click on "Pay Online" to pay via credit card (VISA/MASTERCARD/DISCOVER).

**PAY BY PHONE:** Call (833) 951-5964 and follow the automated prompts. Please have your ticket number and credit card ready (VISA/MASTERCARD/DISCOVER).

**PAY BY MAIL:** Check or money order must be made payable to **Virginia State Police**. Mail your payment and payment stub to: **Virginia State Police Work Zone Speed Safety Camera Program, PO Box 1288, Baltimore, MD 21203**. Include the citation number and vehicle tag number on your check or money order TO ENSURE PROPER CREDIT. **DO NOT SEND CASH.** A \$35.00 administrative fee will be assessed for rejected or declined payments.

**TO REQUEST A COURT DATE:** You have the right to a court hearing to contest this citation. To schedule a hearing at the **Augusta General District Court**, you must mail the Request for Hearing attachment below in a separate envelope (**DO NOT USE THE PAYMENT ENVELOPE PROVIDED**) to **Virginia State Police Work Zone Speed Safety Camera Program, PO Box 1288, Baltimore, MD 21203**. Your request must be received at least 5 days prior to the due date on the front of this notice. Once your request for a hearing date is processed, you will be notified by mail of the date and time in which you must appear. Hearings are held in the Augusta General District Court, 6 East Johnson Street, Staunton, VA 24401. Failure to appear at the hearing may result in you being found liable for the \$100.00 monetary penalty and may subject you to additional legal actions if payment is not made. **PLEASE NOTE: Upon contesting your citation, an additional court cost will be added to any prepayments or adjudications as per the Code of Virginia.**

**TO SUBMIT AN AFFIDAVIT TO TRANSFER LIABILITY:** Pursuant to Virginia Code Section 46.2-882.1 an owner, lessee or renter of the vehicle can rebut the presumption that he/she was the operator of the vehicle at the time of the alleged violation by filing an affidavit with the Virginia State Police General District Court stating that he/she was not the operator of the vehicle at the time of the alleged violation. An affidavit is a written document signed and sworn to under penalty of perjury that the statements made in the document are true and providing the name and address of the person who was operating the vehicle at the time of the alleged violation. The Affidavit form below must be completed, signed, notarized, and returned by the due date on the front of this notice. Mail the form in a separate envelope to **Virginia State Police Work Zone Speed Safety Camera Program, PO Box 1288, Baltimore, MD 21203**. (DO NOT USE THE PAYMENT ENVELOPE PROVIDED). This citation will remain the responsibility of the registered owner upon failure to complete the affidavit correctly.

**RENTAL/LEASE VEHICLE:** Only use the FOR RENTAL OR LEASE VEHICLES box. You must provide the proper documentation (lease/rental agreement) in order to identify the driver and any other relevant information.

**STOLEN VEHICLE OR LICENSE PLATE:** The owner MUST provide a copy of the police report for the stolen vehicle or license plate(s) detailing that the vehicle or plate was stolen prior to the violation. Mail the statement and affidavit below in a separate envelope to **Virginia State Police Work Zone Speed Safety Camera Program, PO Box 1288, Baltimore, MD 21203**.

**REQUEST FOR ACCOMMODATION:** Both the Augusta General District Court and the Virginia State Police Department will make any reasonable accommodation for persons with disabilities. Requests should be directed to the Augusta County ADA Coordinator by phone at (540) 245-5610 or by email at [coadmin@co.augusta.va.us](mailto:coadmin@co.augusta.va.us). Virginia Relay: For TTY services, dial 7-1-1 to reach a Communications Assistant (CA) at Virginia Relay. This service is available 24/7 for people who are deaf, hard of hearing, or speech-disabled.

**FOR ALL OTHER QUESTIONS CONTACT:** Virginia State Police Work Zone Speed Safety Camera Program at (833) 951-5964.

Please detach across dotted line and return one of the two forms below

USE FOR AFFIDAVIT OF NON-LIABILITY / TRANSFER OF LIABILITY

DECLARATION: I SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE.

### FOR BUSINESSES ONLY:

- This vehicle is owned, leased, or rented by a business or public agency and was being driven by an employee, lessee or renter at the time of the alleged violation. The identification of the driver and relevant information is provided with this affidavit (example: lease or rental agreement).

- I was not the driver at the time of violation.  
 Vehicle or license plate was stolen prior to the violation.

Registered Owner Name: \_\_\_\_\_  
Registered Owner Address: \_\_\_\_\_  
Registered Owner Phone: \_\_\_\_\_ Citation # VSW261000010  
Driver Name: \_\_\_\_\_  
Driver Address: \_\_\_\_\_  
Driver Phone Number: \_\_\_\_\_

TO BE COMPLETED BY NOTARY PUBLIC:

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

Print Name \_\_\_\_\_  
Notary Public \_\_\_\_\_ Registration # \_\_\_\_\_  
My commission expires on: \_\_\_\_\_

USE THIS FORM TO REQUEST A COURT HEARING

1. You MUST see the photos before requesting a court hearing
2. Note any corrections to your name and address as they appear on the reverse side of this form.
3. Daytime telephone number: \_\_\_\_\_
4. Return this signed form (**DO NOT USE THE PAYMENT ENVELOPE**) at least 5 days prior to the "Due Date" on the reverse side of this form. Mail this request for a court date to:

Virginia State Police  
Work Zone Speed Safety Camera Program  
PO Box 1288, Baltimore, MD 21203

5. Do not send payment with your request for a court date.
6. You will be notified by mail of the court date, time, and location

I hereby request a date to appear in the Augusta County General District Court to contest the liability assigned to me by this citation.

Printed Name \_\_\_\_\_

Signature of Registered Owner or Lessee \_\_\_\_\_

Date \_\_\_\_\_

SEAL

