

OFFICE OF
HOLMES COUNTY
CLERK OF CIRCUIT COURT
P.O. BOX 397
BONIFAY, FL 32425
(850) 547-1100

TOBACCO INFRACTIONS AFFIDAVIT

DATE: _____

NAME: _____

CASE NUMBER: _____

_____ I HEREBY ELECT TO PAY A CIVIL PENALTY OF \$30.00

OR

_____ I HEREBY ELECT TO COMPLETE 16 HOURS OF COMMUNITY SERVICE
INSTEAD OF PAYING THE CIVIL PENALTY.

AND

_____ I FURTHER UNDERSTAND THAT I MUST ATTEND AN ANTI-TOBACCO
PROGRAM AND PROVIDE PROOF OF COMPLETION TO THE HOLMES
COUNTY CLERK OF COURT, PURSUANT TO FLORIDA STATUTE
569.11(1A).

Online Anti-Tobacco Class: www.coursefortobacco.com/states/FL

Local: Holmes County Health Department (850) 547-8500

Signature of Person Cited

Signature of Parent/Guardian

Mailing Address

STATE OF FLORIDA
COUNTY OF HOLMES

Sworn to and subscribed before me this _____ day of _____, 20_____.

HOLMES COUNTY CLERK OF COURT

BY: _____ D.C.