

NOTICE TO PAY TOLL
Connector 2000 Association - Toll Violation

PO Box 408
Piedmont, SC 29673

Payment Stub and Contest of Liability Form

*** THIS INFORMATION IS REQUIRED.**

***Notice #: TVN** _____

***License Plate:** _____

***Registered Owner:** _____

***State:** _____

INSTRUCTIONS FOR PAYMENT:

These instructions must be followed to ensure your payment is processed and credited:

1. Please return this entire page (Payment Stub) along with your full payment. Please ensure that you have affixed the correct postage to the envelope. **MAKE CHECK OR MONEY ORDER PAYABLE TO: CONNECTOR 2000 ASSOCIATION.** Payment for the total amount due must be received by the due date.
2. No partial payments will be accepted.
3. You may pay by credit card, money order, cashier's check or personal check. A \$25.00 returned check fee will be charged for all returned checks.
4. **DO NOT SEND CASH.** Connector 2000 Association will not be responsible for cash mailed for payment.
5. Please write the notice number and license plate number on the check or money order.
6. For credit card payments - call 864-527-2155.

AFFIDAVIT OF NON-LIABILITY (Fill out this section ONLY if you are contesting the violation):

INSTRUCTIONS: You are charged with the violation described on this document. Under Section 57-5-1495 of the South Carolina Code of Laws, as amended, the owner and operator of the vehicle are jointly and severally liable. It is presumed that the registered owner of the vehicle was the person driving it. You were listed as the registered owner by DMV on the date of the violation. If you did not own the vehicle on that date, and/or were not the operator of the vehicle, complete the declaration below, in its entirety, and return it in the enclosed envelope.

The undersigned declares that the vehicle bearing the license plate on the Notice/Citation was not owned and/or operated by me on the violation date.

The vehicle was: (Check one only)

- Reported Stolen *
- Leased or Rented Under a Written Agreement*
- Sold/Released to Another Party*
- Not Operated by Registered Owner
- Other (please provide explanation): _____
- _____

Name and Address of Responsible Party (Owner/Operator):

Name: _____

Address: _____

City: _____ **State:** _____ **ZipCode:** _____

Date that Sale, Rental or Lease was Executed: _____

Operator's Driver License #: _____ **State:** _____

Affidavit Completed By:

Print Name: _____

Signature: _____

Telephone Number: (_____) _____ Date: _____

* NOTE: One of the following documents must accompany this affidavit: (1) a copy of the police report or insurance claim relating to the stolen vehicle, (2) a copy of the lease/rental agreement, with the name and address of the lessee clearly legible, (3) a copy of the bill of sale or release of liability filed with the Department of Motor Vehicles, (4) a copy of the trade in agreement from an auto dealership, (5) a copy of an act of donation. The document(s) must be submitted on or before the payment due date. If all information is not accurately completed and verified by the South Carolina Department of Motor Vehicles, the Affidavit will be disregarded and you will be responsible for clearing the violation.