


### Three easy steps to help end trash burning in your community.

1. Designate an enforcement officer(s) in your town and request an officer number through the Vermont Judicial Bureau.
  2. Call the Vermont Judicial Bureau at (802) 295-8869 and speak to a clerk to request a ticket book.
  3. Help educate community members about alternatives to trash burning.
- For more information, visit [www.dontburnvt.org](http://www.dontburnvt.org) and [www.anr.state.vt.us/dec/wastediv/R3/recycle](http://www.anr.state.vt.us/dec/wastediv/R3/recycle)

VERMONT CIVIL VIOLATION COMPLAINT										
<input type="checkbox"/> CDL		 * 1 9 2 1 4 4 1 *						Form 420 Rev. 9/03		
Lic. State										
Driver License No.										
Defendant Last or Organization Name					First		Mid. Init.			
Defendant Current Mailing Address							Home Phone			
City			State	Zip Code		Business Phone				
Date of Birth		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Corp/org		Sec. Sec. No.						
Vehicle or Boat Reg.		State	Year	Make		Color	Style			
Violation Date		Time		Municipality						
Highway				Place or Landmark						
Defendant hereby admits the following acts in violation of Vermont law:										
<p>Call the Vermont Judicial Bureau at (802) 295-8869 to request your ticket book to help end trash burning.</p>										
<input type="checkbox"/> Commercial Veh.		<input type="checkbox"/> Hazardous								
V.S.A. §					C.F.R. §					
PENALTIES	If you plead DENIED and the State proves the violation, the penalty must be within the penalty range. Commonly, the waiver amount plus \$30.00 in court costs are assessed.			Motor Veh. Driver Points			If you plead ADMITTED or NO-CONTEST, you may pay the waiver amount instead of appearing in court.			
				PENALTY RANGE			WAIVER AMOUNT			
	MINIMUM \$						➔ \$			
	MAXIMUM \$									
Delivered To (Def., Reg. Agent, or Corp. Officer)					Date Served		<input type="checkbox"/> In Hand <input type="checkbox"/> U.S. Mail			
Officer No.		Officer Name (printed)				Officer Signature				
Dept. No.		Department Name				<input type="checkbox"/> Rel. crim. charge				
Parent or Guardian Last Name			Street Address							
First Name			City		State		Zip Code			
Soldiers & Sailors Relief Act Affidavit: Under oath, I state Defendant is NOT on active duty in the U.S. armed forces because: <input type="checkbox"/> Defendant said he/she is not on active duty in the U.S. armed forces. <input type="checkbox"/> Defendant is under 17 years of age. <input type="checkbox"/> Other:										
Officer Signature:						ORIGINAL				
State of Vermont.		Subscribed and sworn before me:		Date:						
County:		Notary:								