State of Alabama Unified Judicial System FORM No. UTC-3 REV . 3/89	**UTC TRANSMITTAL FORM**	UTC Control Page____of____Pages

TO: *(Court Name & Address)*

☐ The District Court of ☐ The Municipal Court of

Court Name : _____

Court Address: _____

_____

FORM: (Law Enforcement Agency Name & Address)

Agency ORI :

Agency Name: _____

Agency Address: _____

_____

SERIES	UTC NUMBER	DATE ISSUED	D.L. ATTCH.	REMARKS (DEFENDANT'S NAME AND/OR OFFENSE)	COURT CASE NUMBER		
						Year	Number
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Officer's Signature:

_____

Officer's Identification Number: _____

The above listed traffic tickets are received for court action by:

Name: _____

Title: _____ Date: _____

COURT ORL: | AL | | | | | | | J |

Original – Court Copy – Police Agency