BUFFALO MUNICIPAL COURT TIME PAYMENT

I, the undersigned, hereby do agree to the following payment plan:

DOCKET NUMBER_____

DATE	AMOUNT	DATE PAID	AMOUNT	CLERK	RECEIPT #

DATE	AMOUNT	DATE PAID	AMOUNT	CLERK	RECEIPT #

I realize that if I cannot make the payment date and I do not appear to make other arrangements with Municipal Court, I may be subject to a bench warrant or contempt of court proceedings.

_____
DEFENDANT AND DATE

_____
AMOUNT DUE / CHARGE

_____
ADDRESS

_____
CITY, STATE, ZIP CODE

_____
PRINT NAME

_____
TELEPHONE