

EXTENSION OF TIME TO PAY

Today's date: ____ - ____ - ____

Full name: _____

Complete address: _____

Date of birth ____ - ____ - ____

Driver's license number: _____

Ticket number: _____

I am requesting an extension of time to pay my infraction/ordinance ticket. By requesting an extension I understand that I am admitting guilt and waiving my rights. I understand that the judgment will be entered against me and notification will be made to the Bureau of Motor Vehicles. I understand that this will become part of my permanent driving record.

Printed name : _____

Signature: _____

===== Office Use Only=====

Received : ____ - ____ - ____

Extension Granted: _____ Extension Denied: _____

New due date : ____ - ____ - ____