BUFFALO MUNICIPAL COURT TIME PAYMENT

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

DOCKET NUMBER_____

DATE	AMOUNT	DATE PAID	CLERK	RECEIPT NUMBER

I realize that if I cannot make the payment date and I do not appear to make other arrangements with the Judge, I will be subject to having a warrant issued for my arrest.

_____ _____

DEFENDANT AND DATE WITNESS

_____

ADDRESS

_____ _____

CITY, STATE, ZIP CODE TELEPHONE