

## City of Waldport

P.O. Box 1120 Waldport, Oregon 97394 Phone: (541) 563-3561 Fax: (541) 563-1032 TTY: (800)735-2900

## WALDPORT MUNICIPAL COURT PAYMENT AGREEMENT

STATE OF OREGON (Plaintiff) Vs.	) Citation No ) )
Defendant	´) Charge(s)
I, the above-named defendant, on m	y oath swear that:
I will make partial payments of	f\$ by the last day of each month.
The entire amount is anticipate	ed to be paid by I understand
that it is my responsibility to ma	ake the payments by the date due each month.
If I am unable to make a payment by the date due, I must contact the Court	
Clerk at (541)563-3561 X 11 immediately and make satisfactory arrangements	
to submit a delayed payment.	I further understand that my failure to comply
with the above arrangement wi	ill result in a suspension of my driving privileges
and the imposition of additiona	al court fees.
Dated this day of	, 2
Defendant's Signature	
Subscribed and sworn before me this	s, 2
Court Clerk or Designee	