



City of Waldport

P.O. Box 1120
 Waldport, Oregon 97394
 Phone: (541) 264-7417 Fax: (541) 264-7418
 TTY: (800)735-2900

WALDPART MUNICIPAL COURT PAYMENT AGREEMENT

STATE OF OREGON (Plaintiff))	Citation No. _____
Vs.)	
)	
_____)	_____
Defendant		Charge(s)

I, the above-named defendant, on my oath swear that:

I will make partial payments of \$ _____ on the _____ day of each month. The entire amount is anticipated to be paid by _____. I understand that it is my responsibility to make 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)264-7417 X 101 immediately and make satisfactory arrangements to submit a delayed payment. I further understand that my failure to comply with the above arrangement will result in a suspension of my driving privileges and the imposition of additional court fees.

Dated this _____ day of _____, 2_____.

 Defendant's Signature

Subscribed and sworn before me this _____ day of _____, 2_____.

 Court Clerk or Designee