



**Court Services Department**  
150 N. Christina Street, Box 1060  
Sarnia, ON N7T 7K2

Telephone: 519-344-8880  
Toll-free: 1-800-387-2882  
Fax: 519-344-9379

**PAYMENT PLAN AGREEMENT**

**FILE NUMBER(S):**

1760 999 \_\_\_\_\_ 1760 999 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME:** \_\_\_\_\_

**TELEPHONE NUMBER and / or** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Payments will be on or before the 30th day of each month with the minimum monthly payment of \$ \_\_\_\_\_.

**I UNDERSTAND AND AGREE THAT IF A PAYMENT IS MISSED OR RECEIVED AFTER THE ABOVE DATE MY LICENCE MAY BE SUSPENDED AND ANY OUTSTANDING FINE WILL BE REFERRED TO A COLLECTION AGENCY WITHOUT NOTICE.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date