



## **CSU Bakersfield**

## **Application Parking Citation Payment Plan**

Name:	
Address:	
City, State, Zip Code:	
Telephone #:	
E-mail address:	
License Plate #:	
TICKET(S) #	AMOUNT OF FINE
Payment Plan Fee:	\$25.00
10% of Total Amount Due (Total x .10)*  *due with Payment Plan application	\$
Payment Plan Total:	\$
By signing this form, I,	, agree to the terms and conditions (print name)
	ined in the payment plan information sheet.
Signature	Date
You must mail this completed application (by check or money order only) total to:	n, \$25.00 enrollment fee and 10% of the payment pla

Parking Management Bureau C/O Payment Plans One University Circle Turlock, CA 95382