

HENDRICKS COUNTY SHERIFF'S OFFICE

925 E MAIN STREET - PO BOX 87 DANVILLE, IN 46122

BRETT CLARK · SHERIFF

WARRANT COLLECTION DIVISION

Hendricks County Sheriff's Department 925 E Main St, P.O. Box 87 Danville, IN 46122

Attn: Rosemary Green 317-745-4061

Payment Plan Request Form

Warrant #:			
First & Last Name:			
Date of Birth:			
Address:			
City:	State:	Zip:	
Home Telephone:			r
Employer Name:			
Employer Address:			
Name of Bank:			
Bank Account Number:			
Total Amount of Tax Liabilit	y:		
Your Monthly Payment Amo			
PLEASE READ THE FO	LLOWING:		

- *You must <u>complete</u> and sign this form and <u>return</u> it to our office within 10 days <u>WITH PAYMENT</u>. (Either by mail with money order or bring in it in personally to our office.)
- 2. *Your FIRST payment should be 20% of the total amount owed. The remainder shall be divided into 12 monthly payments. The last payment will be adjusted to cover any added interest
- 3. *Your payment due date is the day you choose to make your first payment. (within 10 days of receiving this paper)
- 4. *Payment must be in <u>EXACT CASH OR MONEY ORDER ONLY</u> (exact amount accepted, no change provided) Money orders must be payable to the Hendricks County Sheriff's Department. <u>NO</u> personal or business checks will be accepted. Tax warrant number(s) must be written on the money order if you choose to mail in your payment.
- 5. Payments are granted as a courtesy and the sheriff is not obligated to accept said payments.
- 6. It is <u>YOUR</u> responsibility for <u>YOUR</u> payment to be received on or before the due date specified.
- 7. You must keep our agency informed as to any and all changes of address, employment, and/or telephone numbers.

BY MY SIGNATURE BELOW, I AGREE TO TH	HE TERMS AND CONDITIONS AS STATED:
Signature:	Date:
Signature:	Date:

DISPATCH 317 -839-8700 Administration 317 -745-6269 FAX 317 -745-9276 JAIL 317 -745-9332