

Lampasas County Collections Office
Application for extension of payment time

RR Acct: _____

Date: _____ **Cause #:** _____ **Offense:** _____ **Due Date:** _____
Amt of time to pay: _____ **Costs:** _____ **Fines:** _____ **Pymt Amt:** _____

Name: _____ Birth date: _____

Mailing Address: _____

Physical Address: _____

Phone #: _____ Social Security #: _____ DL#: _____

Race: _____ Sex: _____ Ht: _____ Wt: _____ Eye Color: _____ Hair Color: _____

Married or Single? _____ Spouse's Name: _____

Spouse's Address, if different from above: _____

NEAREST LIVING RELATIVE, not residing with you: _____

Relationship: _____ Address: _____

Phone Number (s): _____ - _____

Employer: _____ Address/Location: _____

Position: _____ Time at: _____ wks / mths / yrs Phone #: _____

Supervisor: _____ Take home pay: _____ wkly / bi-mthly / mth

Spouse's Employer & Address: _____

Other reference/contact: _____

Please list some of your monthly expenses:

Acknowledgement & Declaration:

Under penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Lampasas County Collections Office, it's employees or agents, to conduct a complete and thorough investigation of said statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and knowledge that I formally request an extension of time for payment of the fines and court costs now due and payable to the County of Lampasas.

Signature: _____

Print: _____ Date: _____