FINAL PAY PLAN AGREEMENT

Defendant Name:				
Defendant Address:				
Citation Number:				Amount Due:
Monthly / Weekly / Bi-v			must be paid by t	day
You are hereby notified allotted time may resul outstanding amount ce the matter referred to a days.	I that your failure to ma t in the suspension of y rtified to the Departme	ake a payment or requivour driving privileges fent of Revenue's State	or up to one yea Debt Collection p	r, having the program, having
Dated this	day of		, 20	
Municipal Judge:		Defendant:		
Payments shall be mad				
300 N. Pine Street				

Burlington, WI 53105