

COMMONWEALTH OF PENNSYLVANIA



COUNTY OF CHESTER

GWENN S. KNAPP
MAGISTERIAL DISTRICT JUDGE

BOROUGH OF
WEST CHESTER
(EAST SIDE)

Magisterial District 15-1-04
530 E. Union Street
Suite A
West Chester, PA 19382

OFFICE:
TEL 610-429-4636
FAX 610-429-4644

Authorization for Payment Plan

Date: _____

I, _____, hereby authorize my son/daughter,
_____, to take on the responsibility for a payment plan at
District Court 15-1-04 for the fines and costs associated with the parking citations listed
below. I also authorize this letter to serve as a plea of guilty to those citations, which
are issued in my name. I understand that the tickets will remain in my name and that,
should my son/daughter default on his or her payment plan, a warrant will be issued for
my arrest.

_____,
parent/registered vehicle owner

Docket Numbers

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____