

Thomas M. Leighton
Mayor
CITY of WILKES-BARRE
Pennsylvania

John J. Koval
Finance Officer

Jeanne C. Dessoye
Deputy Finance Officer



Telephone
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DEPARTMENT OF ACCOUNTS & FINANCES

DATE

I _____ accept responsibility for the unpaid parking ticket(s) issued to license no. _____ totaling the amount of _____.

I agree to pay _____ per month for _____ months.

FAILURE TO MAKE THE REQUIRED PAYMENT WILL RESULT IN THIS MATTER BEING REFERED TO THE WILKES-BARRE CITY LEGAL DEPARTMENT FOR COLLECTION.

SIGNATURE _____

WITNESS _____

DRIVERS LIC # _____