



**CCC Humboldt**

**Application Parking Citation Payment Plan**

|                               |  |
|-------------------------------|--|
| <b>Name:</b>                  |  |
| <b>Address:</b>               |  |
| <b>City, State, Zip Code:</b> |  |
| <b>Telephone #:</b>           |  |
| <b>E-mail address:</b>        |  |
| <b>License Plate #:</b>       |  |
| <b>TICKET(S) #</b>            | <b>AMOUNT OF FINE</b>  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
| <b>A</b>                      | <b>Ticket(s) Subtotal</b> \$   |
| <b>B</b>                      | <b>Payment Plan Fee (PPF)</b> \$25.00  |
| <b>C</b>                      | <b>Total Amount to be Included in Payment Plan (includes PPF)</b> \$<br><i>A + B</i>   |
| <b>D</b>                      | <b>less 10% of Ticket(s) Subtotal + \$25.00 PPF*</b> \$<br><i>*due with Payment Plan application</i><br><i>(A x 10%) + B</i> |
| <b>E</b>                      | <b>Balance Payment Plan Total (to be included in payment plan)</b> \$<br><i>C - D</i>  |

By signing this form, I, \_\_\_\_\_, agree to the terms and conditions  
*(print name)*  
of the payment plan as outlined in the payment plan information sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**You must mail this completed application, \$25.00 enrollment fee and 10% of the payment plan (by check or money order only) total to:**

**Parking Management Bureau  
C/O Payment Plans  
One University Circle  
Turlock, CA 95382**

For questions, please contact PMB at  
**1.800.700.4417**