

Airway Heights Municipal Court
1208 S. Lundstrom (mailing address)
13120 W. 13th Ave. (physical address)
Airway Heights, WA 99001
509-244-2773

Name _____ Home Phone _____

Address _____ Cell _____

City _____ St _____ Zip _____

Employer Name _____ Phone _____

Citation # _____ Time Pay Amt _____

_____ I hereby agree to pay a onetime payment to Airway Heights Municipal Court in the amount of \$ _____ by _____

_____ I hereby agree to make monthly payments to Airway Heights Municipal Court in the amount of \$ _____ by the 20th of each month.

I understand that if I fail to make my payment as agreed, that after 15 days from the due date I will be in default and any unpaid balances will be sent to a collection agency and I will be responsible for all added fees incurred due to default.

Date

Signature