## **TRAFFIC COURT REQUEST FOR EXTENSION OF TIME TO PAY** COURT LOCATION:

	<b>X</b> 7 — '1 1
REQUEST SENT IN B	Y: □ e-mail phone
Date:	
Defendant Name:	E maile
Telephone Number: Ticket # / Docket #:	E-mail:
Charge:	
Fine Amount:	<u>\$</u> Due Date:
Amount Outstanding:	\$
Amount of 11me reque	sted: Are you enrolled in the Fine Option Program:
	Has your time to pay Expired? $\Box$ Yes / $\Box$ No
PAY BEFORE THE DUE	FOR YOUR REQUEST INCLUDING DETAILS ABOUT YOUR INABILITY TO DATE (I.E. MEDICAL CONDITIONS, ATTEMPTS TO PARTICIPATE IN FINE PLOYMENT DETAILS) AND WRITE A BRIEF DESCRIPTION OF YOUR D EXPENSES.
	Defendant / Agent Signature
	Defendant / Agent Signature <u>s.ca/pc/resources/covid/covid-19-traffic-court</u> to see where to e-mail or fax your to the Court location where your matter was handled at.
	s.ca/pc/resources/covid/covid-19-traffic-court to see where to e-mail or fax your
	to the Court location where your matter was handled at.
application to. It must go Extension:   Denied	to the Court location where your matter was handled at.
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