# **Merced College**

### **Application Parking Citation Payment Plan Information**

Merced College District individual(s) with **multiple** unpaid parking citations or citations totaling \$200.00 or more to enroll in a payment plan.

#### Payment Plan Details:

- Applied late fees will not be removed but any late fees not yet applied will be placed on hold while the payment plan is in place.
- Any citations with DMV registration holds will be temporarily removed during the duration of this payment plan. If the **individual** defaults on the payment plan (e.g. misses a scheduled payment), the remaining balance AND all fees placed on hold will be reinstated. A DMV registration hold will be placed on the vehicle's registration.
- ➤ If your payment plan is approved, a PMB customer service representative will contact you via e-mail in regards to your payment plan timeline and due date(s). A copy of the timeline and due date(s) will also be mailed to the address of the individual listed on the Payment Plan Application.

#### Payment Plan Duration:

| Payment Plan Balances under<br>\$200                  | Payment Plan Balances between<br>\$200 - \$400       | Payment Plan Balances over \$400                      |
|---|--|---|
| Payment plan must be completed within 4 (four) months | Payment plan must be completed within 6 (six) months | Payment plan must be completed within 9 (nine) months |

To enroll in a Parking Citation Payment Plan, you must submit:

- 1) A COMPLETED Parking Citation Payment Plan application (next page)
- 2) Submit a non-refundable payment plan enrollment fee of \$25.00 plus 10% of the payment plan total by check or money order

# **Merced College**

## **Application Parking Citation Payment Plan**

| Name:  |  |
|--|--|
| Address:   |  |
| City, State, Zip Code:                                   |  |
| Telephone #:   |  |
| E-mail address:  |  |
| icense Plate #:  |  |
| TICKET(S) #  | AMOUNT OF FINE   |
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|  |  |
|  | 107.00   |
| Payment Plan Fee: 10% of Total Amount Due (Total x .10)* | \$25.00  |
| *due with Payment Plan application                       |  |
| Payment Plan Total:                                      | \$   |
| By signing this form, I,                                 | , agree to the terms and conditions (print name)         |
|  | (print name) ined in the payment plan information sheet. |
| gnature  | Date   |

(by check or money order only) total to:

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