

South Point Mayors Court

HONORABLE WILLIAM A. GASKIN
408 Second Street West
South Point, Ohio 45680

CREDIT CARD PAYMENT FORM

Fax completed form to 740-377-4184
Or mail to: 408 2nd St. W., South Point OH 45680

Defendant Name (print) _____ Ticket # _____

I, the undersigned defendant, do hereby enter my written plea of guilty to the offense (s) charged in this ticket. I realize that by signing this guilty plea I admit my guilt of the offense(s) charged and waive my right to contest the offense in a trial before this court. Further, I realize that a record of this pleas will be sent to the Ohio BMV. I plead guilty to the offense(s) charged.

Signature of Defendant

Date

INCLUDE PROOF OF INSURANCE (*Only if current proof was not shown to Officer*)

ALL INFORMATION MUST BE PROVIDED TO RUN THIS TRANSACTION

Ticket # _____ (Top Right Corner of Ticket)

Visa/ MasterCard / Discover Number: (16 digit number)

_____ - _____ - _____ - _____

Expiration Date: _____ V-Code _____ (3 Digit on back of card)

Street Address for CADHOLDER: _____

City: _____ State: _____ Zip: _____

PRINT name of cardholder: _____

Phone Number: (____) _____ - _____ Amount Authorized: _____

Signature: _____

Address to mail Receipt: _____

If payment is not received on or before your court date and you do not resolve this matter the court will forfeit your license which will result in a suspension with the BMV. If you have any questions you may call our office Mon-Fri between the hours of 8:00 am and 2:00 pm at (740) 377-4011.