

PAYMENT BY MAIL/ EMAIL FORM

Return This Form with Payment

Today's Date: _____ Ticket Number: _____

Plea: ___ Guilty ___ Nolo Contendere (no contest)

Choose One: ___ I want to pay the ticket by mail.

___ I want to take a Driving Safety Course and meet the qualifications outlined on the reverse side.

___ I want to be placed on Deferred Disposition.

Signature: _____

Printed Name: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Phone #'s: (Home) _____ (Cell) _____

Date of Birth: _____ D.L. #: _____

I would like to receive necessary forms by: Regular Mail Email

Mail this form, payment, copies of your driver license and insurance to:

City of Hill Country Village Municipal Court
116 Aspen Lane San Antonio, TX 78232
Phone: 210-494-3671 Fax: 210-490-8645
Office Hours: Monday – Friday 7 am to 6 pm
Or email to:
gallen@hillcountryvillagetx.org