

## 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. (Must have a valid Texas DL, Current Insurance and have not taken the course in the past 12 months.)

\_\_\_ I want to be placed on Deferred Disposition (Full ticket amount plus \$40)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #'s: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL #: \_\_\_\_\_

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@hcv.org](mailto:gallen@hcv.org)  
[cramirez@hcv.org](mailto:cramirez@hcv.org)  
and pay online at  
[www.trafficpayment.com](http://www.trafficpayment.com)