



Application Parking Citation Payment Plan Information

Cal Poly Humboldt offers individual(s) with **multiple** unpaid parking citations or citations totaling \$200.00 or more to enroll in a payment plan pursuant to ICSUAM Policy 4071.00.

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 University 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.
- Any parking ticket(s) on a payment plan cannot be disputed.

Payment Plan Duration:

Payment Plan Balances under \$200	Payment Plan Balances between \$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**

CAL POLY HUMBOLDT

Application Parking Citation Payment Plan

Name:		
Address:		
City, State, Zip Code:		
Telephone #:		
E-mail address:		
License Plate #:		
TICKET(S) #		AMOUNT OF FINE
A	Ticket(s) Subtotal	\$
B	Payment Plan Fee (PPF)	\$25.00
C	Total Amount to be Included in Payment Plan (includes PPF) <i>A + B</i>	\$
D	<u>less 10% of Ticket(s) Subtotal + \$25.00 PPF*</u> <i>*due with Payment Plan application</i> <i>(A x 10%) + B</i>	\$
E	Balance Payment Plan Total (to be included in payment plan) <i>C - D</i>	\$

By signing this form, I, _____, agree to the terms and conditions
(print name)
of the payment plan as outlined in the payment plan information sheet.

Signature _____ Date _____

You must mail this completed **application**, **\$25.00 enrollment fee** and **10% of the payment plan (by check or money order only)** total to:

Cashiers - Parking
C/O Payment Plans
1 Harpst Street
Arcata, CA 95521

For questions, please contact Transportation & Parking at
1-707-826-3773