



PINAL COUNTY
Wide open opportunity

HEARING OFFICE

| | |
|---|--|
| Date | |
| In the Matter of: (NAME) Street Address City, Arizona 85 | Case Number: Complaint Number: Parcel Number: Civil Penalty Amount: |
| PAYMENT PLAN Pursuant to Respondent's Request | |

You have been found in violation of the above-referenced Complaint and have requested a payment plan for the stated civil penalty. The penalty amount shall be paid as follows:

| | | |
|------------------------------|--------------|--------------|
| Installments of: \$ _____ | Every: _____ | Begin: _____ |
|------------------------------|--------------|--------------|

Dated: _____ By: _____
Hearing Officer/Program Coordinator II

Should you fail to remit your payment to the Hearing Office as scheduled, the full penalty amount will become immediately due and owing. Payments may be mailed to the address listed below or submitted online at www.pinalcountyaz.gov.

Remit payment to: **Pinal County Hearing Office**
P.O. Box 1326
Florence, Arizona 85132

| | |
|--|--------|
| <u>PARTY VERIFICATION:</u> I hereby acknowledge receipt of the Payment Plan and agree to the terms herein. (Return this signed form to the Hearing Office.) | |
| Party Name: (Print) | Date: |
| Signature: | Phone: |

I certify that a copy of the foregoing was sent via U.S. mail to the Respondent's last known mailing address and delivered to the Code Enforcement Officer this _____ day of _____, 2011.

By: _____



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Hearing Office Clerk