

Town Of Mount Pleasant Court
1 Town Hall Plaza, Valhalla NY 10595
(914) 742-2324 Fax: (914) 769-3523

WRITTEN PLEA OF *GUILTY / CULPABLE*

DEFENDANT'S NAME/ Nombre: _____

DATE OF BIRTH: _____

MAILING ADDRESS/ Direccion: _____

CASE NUMBER/ Citacion #: _____

OR

TICKET NUMBER(S): _____

TYPE OF VIOLATION(S): _____

I DO HEREBY PLEAD GUILTY TO THE ABOVE REFERENCED CASE/TICKETS.

SIGNATURE / Firma: _____ **DATE / Fecha:** _____