

Hendricks County Sheriff's Department

925 East Main Street • P. O. Box 87 • Danville, Indiana 46112

Dave Galloway
SHERIFF

WARRANT COLLECTION DIVISION

925 East Main Street

Post Office Box 87

Danville, IN. 46122

Attention: Rosemary Green (317) 745-4061

PAYMENT PLAN REQUEST FORM

WARRANT # _____

YOUR NAME: _____

Steve Wagner
CHIEF DEPUTY

ADDRESS: _____

CITY/STATE/ZIP: _____

Home Phone: _____

Employer Name: _____

Address: _____

Date of birth: _____

Bank Reference: _____

Account #: _____

Total Mount of Tax Liability: _____

Dispatch
(317) 839-8700

Your monthly payment amount: _____ due within the monthly time period.

Administration
(317) 745-6269

FAX
(317) 745-9276

Jail
(317) 745-9332

1. You must complete and sign this form and return to this office within five (5) days **WITH PAYMENT.**
2. Payments are granted as a courtesy and the sheriff is not obligated to accept said payments.
3. It is **YOUR** responsibility for **YOUR** payment to be received on or before the due date specified.
4. Payment must be in **CASH OR MONEY ORDER ONLY** with payment made payable to the Hendricks County Sheriffs Department. **NO personal or business CHECKS WILL BE ACCEPTED. All tax warrant numbers must be indicated with each payment.**
5. You must keep this agency informed as to any and all changes of address, employment, and/or telephone numbers.
6. Your **FIRST** payment should be 20% of the total amount owed. The remainder shall be divided into twelve (12) monthly payments. The last payment is adjusted to cover any interest.

I AGREE AND UNDERSTAND FULLY THE AFOREMENTIONED CONDITIONS:

Signature: _____

Date: _____