



TOWN OF AMHERST
JUSTICE COURT

ERIE COUNTY, NEW YORK

400 JOHN JAMES AUDUBON PKWY.

W. AMHERST, NEW YORK 14228

716—689-4200

FAX 689-4249

DATE: _____

I, _____ AUTHORIZE FINES IN THE AMOUNT
(BAIL HOLDER'S NAME)

OF \$ _____ TO BE PAID FROM MY BAIL _____
(RECEIPT #)

FOR _____
(DEFENDANT'S NAME)

SIGNATURE

PRINT NAME

ADDRESS

PHONE NUMBER

ALL BAIL MONEY POSTED IS SUBJECT TO A 3% FEE AUTHORIZED BY SECTION 99-M OF THE NEW YORK STATE GENERAL MUNICIPAL LAW. ANY REMAINING FUNDS FROM THE BAIL ARE TO BE RETURNED TO THE BAILHOLDER.

___ MAIL TO THE ADDRESS ABOVE

___ CALL ME AT THE NUMBER ABOVE

CIRCLE ONE - RECEIPT TURNED IN **YES** or **NO**