

**JUSTICE COURT
TOWN OF CAIRO**

TOWN JUSTICE

Leland E. Miller

PO BOX 755

Cairo, NY 12413

TOWN JUSTICE

Tanja Sirago

Tel: (518) 622-3388 ext 251**Fax: (518) 622-0172

Name as it appears on ticket: _____

Date of Birth of Defendant: _____

Ticket or Case Number: _____

CREDIT CARD FORM

****NOTICE OF AN ADDITIONAL VENDOR SERVICE FEE OF 3.50% OF THE PAYMENT WILL BE ASSESSED ON ALL CREDIT CARD PAYMENTS****

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CVV NUMBER: _____

BILLING ZIP CODE: _____

CONTACT NUMBER: _____

AMOUNT BEING CHARGED: \$ _____

CARD HOLDER SIGNATURE: _____

I hereby accept the fine amount(s) imposed by the Court and authorized payment thereof on the above-noted credit card. Note: Should a Bank reject your transaction a suspension will be issued without further notice.