SALINA MUNICIPAL COURT
Lieu Ann Everhart, Court Supervisor
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CITY OF SALINA

VS CASE# _____

_____
Last Name, First Name

I hereby authorize the Salina Municipal Court to apply Cash Bond No. _____ in the amount of $_____ to the costs and fines owing said court.

_____ _____
Date Defendant's signature

State of Kansas)
County of Saline)

Signed or attested before me on _____ by _____.

[SEAL]

_____
Notary Public

My appointment expires: _____