

MANOR MUNICIPAL  
COURT P.O. BOX 589  
MANOR, TX. 78653  
Tel (512) 272-8178  
www.cityofmanor.org



---

**LETTER OF EXPERIENCE (TO DISMISS INSURANCE  
VIOLATION) (NO FEES)**

**\*\*\*NOTE\*\*\*NO INSURANCE CARDS OR POLICY ACCEPTED\*\*\***

INFORMATION BELOW MUST BE SUBMITTED AS FOLLOWS IN  
ORDER FOR VIOLATION TO BE DISMISSED. Insurance agent to fill  
out information below and return this form.

**DEFENDANT'S NAME** \_\_\_\_\_  
**CITATION DATE** \_\_\_\_\_  
**CITATION TIME:** \_\_\_\_\_  
**CITATION NUMBER** \_\_\_\_\_  
**POLICY DATES (effective & expiration)** \_\_\_\_\_  
**VEHICLE INFORMATION:** \_\_\_\_\_  
**YEAR** \_\_\_\_\_  
**MAKE** \_\_\_\_\_  
**MODEL** \_\_\_\_\_  
**VIN#** \_\_\_\_\_  
**LAPSE IN POLICY** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**INFORMATION DUE DATE: Before Court Date (call our Court  
for this date)**

**WARRANTS MAY BE ISSUED IF SUBMITTED LATE**

\_\_\_\_\_ (please provide stamp/seal here)  
**Agent Signature**                      **Date**

\_\_\_\_\_  
**INSURANCE AGENT**    (stamp or seal)