



**City of Colleyville-Keller Municipal Court**

**Request for Plea Court Date**

In order to request a court date, you must make an appearance in person, by mail, fax or by attorney representation within 20 business days after receipt of the citation.

\_\_\_\_\_ Colleyville Citation

\_\_\_\_\_ Keller Citation

**(Please check the city your citation was issued from )**

Citation Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current mailing address to send your plea court date hearing notice:

\_\_\_\_\_  
Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home phone or Cell Phone

**Fax this request to the court at 817-503-1309 or mail to:**

Colleyville – Keller Municipal Court  
5201 Riverwalk Drive  
Colleyville, Texas 76034

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date