

INFORMATION ABOUT THE APPLICATION for WAIVER of PENALTY for PARKING VIOLATION ADMINISTRATIVE HEARING

Pursuant to the California Vehicle Code (40215), the individual requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency. In the event that an individual is unable to pay the parking penalty and can satisfactorily prove to the City their inability to pay the amount due, the City may waive the pre-payment requirement.

To request a waiver of the penalties so that you may attend a hearing, please complete the **Application for Waiver of Penalty Form.**

The information you provide will assist the City in deciding whether you qualify for a waiver of the pre-payment requirement.

Please do not send original documents. The documents you provide will not be returned to you.

The hardship waiver program is voluntary and waivers are only granted to allow the requestor the ability to schedule an Administrative Hearing without having to pre-pay the assessed penalty. If a hardship waiver is granted and the requestor is subsequently found liable during the Administrative Hearing all fines, penalties and fees must be paid.

To apply for a waiver of penalty, you must provide the requested documentation within 21 calendar days from the mailing date of the initial citation review results. Failure to provide sufficient or correct information will result in a determination of ineligibility for this waiver.



APPLICATION for WAIVER of PENALTY for PARKING VIOLATION ADMINISTRATIVE HEARING

☐ POLICE ☐ CODE ENF/CO	MMTY PRES ☐ CON	NV CTR/STADIUM	☐ STREET SWEEPING	☐ FIRE
Defendant's Name:			D.O.B.:	
Address:			Phone Number ()	
I hereby request a waiver of the required p	penalty for hearing for P	arking Citation #:		
For the following reason:				
ease complete the following Financial Information: IPLOYMENT: INCOME SOURCE:			FINANCIALLY RESPONSI	DI E EOD.
Employed:	Self		Self	
Full Time			Spouse	
Part Time	Spouse Parents		Spouse Children (#:)	
Unemployed (# of months:)			Other:	
Disabled			TOTAL:	
Student				
Homemaker				
Military	Unemployed	ł		
Other:	Other:			
Vour NET monthly income (take home	nay welfare etc): \$		Occupation:	
Your NET monthly income (take home pay, welfare, etc.): \$			-	
ASSETS (VALUE)			MONTHLY EXPENSES	
Motor Vehicle(s) \$		Rent/Mortgage	\$	
Duran autor		Utilities	\$	
		Loans/Credit Cards	\$	
		Food/Clothing Transportation	\$	
		Medical/Dental	\$	
	*		\$ \$	
7		All Other	¥	
TOTAL ASSETS \$		TOTAL EXPENSES	\$	
NOTE: If you are found liable for this par	king violation you must	pay the total amount	of the parking violation pen	alty.
Failure to do so will result in civil				
I declare under penalty of perjury und	der the laws of the Sta	te of California tha	t the information I have	provided is true
and correct.				
Signature:	ature: Printed Name _		Date	:
•		ns Department aheim Blvd. CA 92805		
	EOR DEDARTM	IENT USE ONLY		
Waiver Form Received:	Waiver of Penalty:		☐ Granted ☐	Denied
	Signature of Authority			