

CITY OF ANAHEIM

Parking Citation AB503 Payment Plan Application for Indigent Determination

This request for a payment plan must be postmarked within 120 calendar days of the issuance of the citation or within 10 calendar days of the administrative review hearing for the request to be acted upon and submitted. Application must be submitted by the registered owner of cited vehicle. Applications can be submitted by mail to:

City of Anaheim Collections Department PO Box 61039 Anaheim, CA 92803

In order for your request to be processed, the following information must be provided and will not be returned:

- Complete Application for Indigent Determination
- Include a copy of the Original Citation
- Copy of proof showing current assistance received

Please check issuing Department of parking citation below:

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_	Code Enforcement 714-765-4416	☐ Convention Center 714-765-8984		Police 714-765-1860		Public Works 714-765-4444	
Citation Number:				Citation Issue Date:			
Register	red Owner Name:						
Street A	ddress:						
Phone:_		Email:					
Please ch	eck which of the following el	igible financial assistance is received	d and pr	ovide a copy of sup	porting doc	umentation.	
	Supplemental Security Income (SSI) or State Supplementary Payment (SSP) California Food Assistance Progra CalWorks					ce Program	
Cash Assistance Program for Aged, Blind, and Disabled Legal In-Home Supportive Services (IHSS)						rices (IHSS)	
	Supplemental Nutrition Assistance Program			 ■ Monthly Income is 125% or less of Federal poverty level ■ Other: ■ Not applicable 			
	County Relief, General Re	lief, or General Assistance		- Not applicable	•		
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. If I fall out of compliance of the payment plan repayment schedule all fees and delinquent penalties that were previously waived will be reapplied, the full amount remaining becomes due immediately, and a DMV hold will be placed on the vehicle. Per CVC 40220 If a defendant's indigent status is found to have been willfully fraudulent, his or her fines and fees reduction shall be overturned and the full amount of fines and fees shall be restored. Print Name:							
Print Na	me:	Signature:				Date:	
FOR DEPARTMENT USE ONLY							
PAYMENT PLAN PROGRAM Payment Per Month: \$						ment Per Month: \$	
☐ Confirmed Registered Owner					Pay	Payment Term:	
Low Income Documentation Included							
	☐ Approved □	Denied					
Appro	oved By:			Date:			