



CITY OF INDIO

ADVANCE DEPOSIT HARDSHIP WAIVER APPLICATION FORM (To defer payment, pending hearing outcome)

ADMINISTRATIVE CITATION NUMBER _____ DATE _____

NAME _____

ADDRESS _____

I request a waiver on my advance payment requirement until the outcome of my hearing, due to the financial hardship described below:

I declare under penalty of perjury as provided by the laws of the State of California, that the above is true and correct.

Applicant's Signature _____ Date _____

Director of Finance Determination: Approved _____ Disapproved _____

Director's Signature _____ Date _____

§ 11.07 ADVANCE DEPOSIT HARDSHIP WAIVER

Any person who intends to request a hearing to contest that there was a violation of the code or that he or she is the responsible party and who is financially unable to make the advance deposit of the fine as required in § 11.06(A) may file a request for an advance deposit hardship waiver.