

RIVERSIDE COMMUNITY COLLEGE DISTRICT
Parking Services
2nd LEVEL HEARING
REQUEST FOR WAIVER OF PENALTY DEPOSIT

NAME: _____

CITATION # _____

Please list the reasons why you believe a waiver is appropriate. Failure to provide sufficient rationale will result in denial of the waiver. Include any documents or statements that you believe substantiate your claim:

I realize that if the hearing officer does not dismiss my citation, I will be liable for payment of citation.

Contestant Signature / Date _____

FOR OFFICE USE ONLY

Waiver of Penalty ___ Granted ___ Denied ___

Signature of RCCD Police / Parking Services