



REQUEST TO WAIVE DEPOSIT OF PARKING PENALTY FOR HEARING

Must be complete and returned
within 10 calendar days from date of Administrative Review Letter

Please print legibly

Name: Citation no.:
Address: Vehicle License:
Phone no.:

I hereby request a waiver of required penalty hearing deposit under California Vehicle Code sec. 40215(b) and request to proceed with a hearing of my parking citation for the following reason(s):

Blank lines for providing reasons for the request.

1) Employment, 2) Supported By, 3) Persons Supported. Includes categories like Employed, Self, Spouse, etc.

4. Household Gross Monthly Income. \$ You must provide evidence to support the household gross monthly income with a complete copy of the following:

- a. Income Tax Return or Letter 4506-T from the Internal Revenue Service (IRS) stating you did not file taxes for the year,
b. And/or Proof of Supplemental Security income, Social Security Assistance, Unemployment, Retirement, or Pension Fund payments

5. If collecting Unemployment insurance payments, state the number of months of unemployment remaining:

6. I understand that I must pay the parking penalty in full, within two weeks of the date of the decision, should the Hearing Examiner determine I am liable for the citation. There is no process to arrange a payment schedule. Full payment will be due within two weeks from the date of decision or additional penalties will apply.

7. I declare under penalty of perjury the laws of the State of California, that the forgoing is true and correct.

Signature Date:

DO NOT WRITE BELOW THIS LINE

Request is: Granted Denied

Signature Date: