REQUEST TO WAIVE FINE FOR ADMINISTRAIVE HEARING

Must be completed and returned within 10 calendar days from date of this letter.

City of Monterey Parking Enforcement Center, P.O. Box 6010 Inglewood, CA 90312-6010

Date:				
Name:Address:			_ Vehicle License:	
I hereby request a wa Administrative Hearing				
1. Employment Employed Full Time Part Time Unemployed Disabled Homemaker Military Other	 v) Income (Inc		etc.):	
 If unemployed, num Assets Motor Vehicle Home Property Savings Account Checking Account Cash on Hand All other TOTAL I understand that I is determine that I am payment schedule. 	Value \$ \$ \$ \$ \$ \$ \$	7. Month Rent/A Utilities Loans, Food/ Transp Medic All oth	ly Expenses Mortgage S Mortgage Clothing Portation Cal/Dental Per S Should the He	\$ \$
9. I declare under per forgoing is true and		under the laws of th	e State of Ca	lifornia, that the
Signature			Date	
	DO NO	T WRITE BELOW THIS	LINE	
Request is:	Granted _	Denied		
Reviewer's Signature			Date	