

REQUEST TO WAIVE FINE FOR ADMINISTRATIVE HEARING

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

City of Monterey
P.O. Box 1930
San Jose, CA 95109

Date:

Name: _____ Citation #: _____
Address: _____ Vehicle License: _____
_____ Phone # () _____

I hereby request a waiver of the requirement to deposit the parking penalty for an Administrative Hearing, for the following reason(s): _____

1. Employment

- ___ Employed
- ___ Full Time
- ___ Part Time
- ___ Unemployed
- ___ Disabled
- ___ Homemaker
- ___ Military
- ___ Other _____

2. Supported By:

- ___ Self
- ___ Spouse
- ___ Parents
- ___ Welfare
- ___ S.S.I.
- ___ A.D.C.
- ___ Other

3. Persons Supported

- ___ Self
- ___ Spouse
- ___ Children
- ___ (#)
- ___ Other
- ___ Total No.

4. Your **Gross** (monthly) **Income** (Including pay, welfare, etc.): _____

5. If unemployed, number of months of unemployment: _____

6. Assets

	Value
Motor Vehicle	\$ _____
Home	\$ _____
Property	\$ _____
Savings Account	\$ _____
Checking Account	\$ _____
Cash on Hand	\$ _____
All other	\$ _____
TOTAL	\$ _____

7. Monthly Expenses

Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans/Credit Cards	\$ _____
Food/Clothing	\$ _____
Transportation	\$ _____
Medical/Dental	\$ _____
All other	\$ _____
TOTAL	\$ _____

8. I understand that I must pay the parking penalty in full should the Hearing Examiner determine that I am liable for the citation. **There is no process to arrange a monthly payment schedule.**

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

Signature _____ Date _____

-----DO NOT WRITE BELOW THIS LINE-----

Request is: _____ Granted _____ Denied

Reviewer's Signature _____ Date _____