REQUEST TO WAIVE FINE

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: _____ 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 forgoing is true and correct.

Signature _____ Date _____

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

Request is: _____ Granted _____ Denied

Reviewer's Signature _____ Date _____