



**REQUEST FOR WAIVER OF CITATION FINE**

Name: \_\_\_\_\_ Citation No: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby request a waiver of the required citation payment and request that the City proceed with the Administrative Hearing on my code violation matter. Waiver of payment of the citation fee is warranted due to the following:

\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following:**

<p><b>1. EMPLOYMENT</b></p> <p><input type="checkbox"/> Employed  <input type="checkbox"/> Full-Time  <input type="checkbox"/> Part-Time</p> <p><input type="checkbox"/> Unemployed  <input type="checkbox"/> Disabled  <input type="checkbox"/> Student  <input type="checkbox"/> Homemaker  <input type="checkbox"/> Military  <input type="checkbox"/> Other: _____</p>	<p><b>2. SUPPORTED BY:</b></p> <p><input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Parents  <input type="checkbox"/> Welfare  <input type="checkbox"/> S.S.I.  <input type="checkbox"/> Disability  <input type="checkbox"/> Unemployment  <input type="checkbox"/> Other</p>	<p><b>3. PERSONS SUPPORTED:</b></p> <p><input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Children (# of)  <input type="checkbox"/> Other  Total: #</p>
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4. Your net income (take home pay, welfare, etc.): \$ \_\_\_\_\_ every \_\_\_\_\_ days

5. If unemployed, months of unemployment \_\_\_\_\_ . Occupation \_\_\_\_\_ .

**Please provide documentation which supports the information indicated above (i.e. payment stubs, medical cards)**

**6. ASSETS (VALUE)**

Motor Vehicles(s) \$ \_\_\_\_\_  
Home \$ \_\_\_\_\_  
Property \$ \_\_\_\_\_  
Savings Account(s) \$ \_\_\_\_\_  
Checking Account(s) \$ \_\_\_\_\_  
Cash on Hand \$ \_\_\_\_\_  
All Other \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

**7. MONTHLY EXPENSES**

Rent/mortgage \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Loans/Credit Cards \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Medical/Dental \$ \_\_\_\_\_  
All Other \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

8. If a fine is imposed, how much could you afford to pay each month? \$ \_\_\_\_\_

9. Total amount of request \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY	
WAIVER OF CITATION FINE	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
Signature of Approving Manager _____	Date _____