



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>1. EMPLOYMENT</p> <p><input type="checkbox"/> Employed</p> <p style="padding-left: 20px;"><input type="checkbox"/> Full-Time</p> <p style="padding-left: 20px;"><input type="checkbox"/> Part-Time</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Disabled</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Homemaker</p> <p><input type="checkbox"/> Military</p> <p><input type="checkbox"/> Other: _____</p> | <p>2. SUPPORTED BY:</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Parents</p> <p><input type="checkbox"/> Welfare</p> <p><input type="checkbox"/> S.S.I.</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Unemployment</p> <p><input type="checkbox"/> Other</p> | <p>3. PERSONS SUPPORTED:</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Children (# of)</p> <p><input type="checkbox"/> Other</p> <p style="padding-left: 40px;">Total: #</p> |
|--|---|---|

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 _____ |