City of Long Beach
Working Together to Serve

Declaration Supporting Waiver of Fee Owed Based on Hardship

Please fill out this form stating all of the reasons that you are unable to pay the fees that you owe the City of Long Beach. Provide as many details as possible explaining why you cannot pay the amount owed, such as job loss, medical condition, or the like. Also, indicate the amount that you can pay, if any. Please sign and date this declaration in the space provided.

Return this form along with a copy of your last IRS W2 form and most recent bank statement to our office. Please feel free to redact your social security number and/or bank account number from any documentation submitted and doing so will not adversely impact our consideration of your request.

Please mail to City of Long Beach, Attn: Ambulance Billing, P.O. Box 22600, Long Beach, CA 90801 or email AmbulanceBilling@LongBeach.gov.

I, _____, Declare:
(Patient Name)

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(You may continue the declaration on a separate document if necessary)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on _____ (Date) in _____, California.
(City)

_____
(Signature of Patient, Guarantor, Parent, or Guardian)

Run #_____
(Located on bill, under Patient Name)

PRINT