

**REQUEST FOR WAIVER OF PENALTY
DEPOSIT FOR ADMINISTRATIVE HEARING**

Full Name: _____ **ID/DL#:** _____

License Plate: _____ **Citation #:** _____

The administrative investigation has determined that the above violation notice was issued correctly. In accordance with California Vehicle Code Section 40215, the registered owner may request an administrative hearing without payment of the penalty upon proof of Low-Income status.

One of the following must be provided:

(A) Proof of income. Please Provide your three (3) most recent pay stubs.

(B) Verification of Benefits Form for Public Assistance or Award Letter for Social Security

Employment

Supplemental Security Income

Medi-Cal

State Supplementary Payments

In-Home Supportive Services

Cash Assistance Program for Aged, Blind, and Disabled

Food Stamps

California Work Opportunity (Cal Works)

General Relief (GR), County Relief or General Assistance (GA)

(C) If a person has no Income or does not receive Public Assistance, a copy of their yearly earnings from the Social Security Department is required.

Please provide your household size: _____

Please provide your monthly income amount: \$ _____ **(Documentation Required)**

I certify that all statements are true and complete. Any false or incomplete information may subject me to forfeiture of my rights to an administrative hearing and/or appeal. *I understand that if the citation is upheld, the penalty amount is due within 30 days of the appeal decision. If the penalty is not paid within the stated time additional fees will be assessed.*

Signature: _____ **Date:** _____

Please return this form along with your supporting documents via email to:

FM-ParkingCitation@longbeach.gov or by mail: Long Beach Parking Citations

P.O. Box 22766

Long Beach, CA. 90801

