



CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

333 West Ocean Boulevard, Lobby Level Long Beach, CA 90802 (562) 570-6822

REQUEST FOR WAIVER - ADMINISTRATIVE HEARING

Name: _____ 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, you may request an administrative hearing without first paying the penalty due to financial hardship by providing satisfactory proof (such as job loss, medical condition or the like).

PLEASE COMPLETE THE FOLLOWING:

I am receiving the monthly income amount of \$_____ (Documentation needed)

I, _____, Declare:

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. ! 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 to: Long Beach Parking Citations, P.O. Box 22766, Long Beach, CA. 90801 or email to: FM-ParkingCitation@longbeach.gov

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DEPARTMENT USE ONLY

Waiver or penalty [] Granted [] Denied

Signature: _____ Date: _____