



CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

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

REQUEST FOR WAIVER OF PENALTY DEPOSIT FOR 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, 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

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> State Supplementary Payments |
| <input type="checkbox"/> In-Home Supportive Services | <input type="checkbox"/> Cash Assistance Program for Aged,
Blind and Disables |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> California Work Opportunity(Cal Works) |
| <input type="checkbox"/> 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: _____

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

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 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 of penalty Granted Denied

Signature: _____ Date: _____