



Deposit Waiver Request for Parking Hearing Form

Customer Service Center

Must be completed and returned within 10 calendar days of the Administrative Review Letter date.

Customer Information:

Name: _____ Citation #: _____
 Address: _____ License Plate: _____
 Email: _____ Phone #: _____

Reason for Request:

I request a waiver of the required parking citation hearing deposit under California Vehicle Code Section 40215(b) and request to proceed with a hearing of my parking citations for the following reasons:

Financial Information:

Employment: Employed – Full Time Employed – Part-Time
 Disabled Homemaker
 Military Unemployed, months of benefits remaining: _____

Primary Financial Support: Self Spouse
 Parents Welfare
 SSI AFDC
 Other: _____

Persons Supported: Self Number of Children: _____
 Spouse Other: _____
 Total Household Members: _____

Monthly Household Gross Income**: _____

**You must provide documentation verifying household income. Acceptable documents include:

- Income tax return, or IRS Letter 4506-T stating no tax return was filed
- Proof of Supplemental Security Income (SSI), Social Security, Unemployment, Retirement, or Pension benefits

Acknowledgement:

I understand that I must pay the full parking penalty in its entirety within two (2) weeks of the decision date, should the Hearing Office determine I am liable for the citation. Partial payments nor payment plans are accepted. Failure to pay in full by the deadline may result in additional penalties.

I declare under penalty of perjury the laws of the State of California, that the foregoing is true and correct.

Signature: _____ Printed Name: _____ Date: _____

For Office Use Only:

Request: Granted Denied

Signature: _____ Date: _____