



City of Salinas

COMMUNITY DEVELOPMENT DEPARTMENT: Permit Services Division

65 W. Alisal Street Suite 101, Salinas, CA 93901

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**ADMINISTRATIVE CITATION HARDSHIP WAIVER REQUEST**

**NAME:** \_\_\_\_\_

**VIOLATION ADDRESS:** \_\_\_\_\_

**CITATION NO.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PENALTY AMOUNT:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

**EMPLOYMENT**

Employed: \_\_\_\_\_ Unemployed: \_\_\_\_\_ Disabled: \_\_\_\_\_ Welfare: \_\_\_\_\_ Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Number of People you Support: \_\_\_\_\_

Net Income (take home pay, welfare, unemployment, etc.): \$ \_\_\_\_\_ monthly

**ASSETS**

|                  |          |
|------------------|----------|
| Checking Account | \$ _____ |
| Savings Account  | \$ _____ |
| Cash on Hand     | \$ _____ |
| Vehicles         | \$ _____ |
| Home             | \$ _____ |
| Property         | \$ _____ |
| Other            | \$ _____ |

**TOTAL ASSETS** \$ \_\_\_\_\_

**MONTHLY EXPENSES**

|                    |          |
|--------------------|----------|
| Rent/Mortgage      | \$ _____ |
| Utilities          | \$ _____ |
| Loans/Credit Cards | \$ _____ |
| Food/Clothing      | \$ _____ |
| Transportation     | \$ _____ |
| Medical/Dental     | \$ _____ |
| Other              | \$ _____ |

**TOTAL EXPENSES** \$ \_\_\_\_\_

In accordance with Section 1-05.09 of the Salinas Municipal Code, I am requesting a hardship waiver of the administration citation penalty prior to requesting an administrative hearing. All supporting documents are attached per Section 1-05.09(c). I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. In the event my citation is not dismissed, I understand I must pay the entire amount of the penalty.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER REQUEST REVIEW (FOR CITY STAFF TO COMPLETE)**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_