



**CITY OF TURLOCK FINANCE OFFICE
ADMINISTRATIVE CITATION
REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER**

Citation No.: _____ Date of Citation: _____

Name (Contesting Party): _____

Mailing Address: _____

Telephone Number: _____ E-mail: _____

Any person who intends to request a hearing to contest that there was a violation of the Code or that he or she is the responsible party and who is fiscally unable to make the advance deposit of the fine as required in Section 2-11-106(a) of the Turlock Municipal Code may file a request for an Advance Deposit Hardship Waiver, to include the reasons for the request. The City may issue an advance deposit hardship waiver if the City is satisfied that the person is unable to deposit the full amount of the penalty in advance of the review. A written determination will be provided. The determination shall be final, subject only to judicial review as provided by law. If the City determines not to issue an advance deposit hardship waiver, the person shall remit the deposit to the City within 10 days of the date of that decision in order to secure the hearing.

REASON(S) FOR HARDSHIP WAIVER: _____

Please provide copies of documentation verifying sources of income. Documents may include Social Security, general assistance, AFDC, current paychecks, etc.

I declare, under penalty of perjury, that the foregoing statement and information provided by me is correct.

Signature (Contesting Party)

Date

Contesting party will be notified of the findings within seven (7) days by first-class mail.

Please mail or deliver this form with attached documentation to: City of Turlock Finance Office, Attn: Administrative Citations, 156 S. Broadway, Suite 114 Turlock, CA 95380

FOR FINANCE USE ONLY

Date Request Received: _____ Received By: _____

Received via: Mail Personal Delivery Other _____

Approved Denied Date _____ Signature _____

PLEASE FORWARD COPY TO CITY CLERK