



Mobility Services

1260 Chorro Street, Suite B, San Luis Obispo, CA 93401-3218

805.781.7230

slocity.org

REQUEST FOR CITATION PAYMENT PLAN

In accordance with the California Vehicle Code (CVC) § 40220, the City of San Luis Obispo will allow payment plan options for registered vehicle owner or lessees with multiple unpaid parking tickets who can provide proof of indigency.

If approved, all late fees will be removed from the citation(s) and the City of San Luis Obispo will set up a payment plan to pay outstanding parking tickets owed within a maximum of 18 months. Individuals who fall out of compliance with the payment plan have 45 days to resume before the City reassigns late fees and files a hold with the DMV.

INSTRUCTIONS FOR APPLYING FOR A PAYMENT PLAN ARE AS FOLLOWS:

1. You must complete the enclosed application in full and attach your most recent pay stubs, unemployment, Social Security, disability, welfare claim forms, verification of benefits, IRS tax filing, or other government issued documentation to prove your inability to pay. Failure to submit a complete application and supporting documentation will result in an automatic denial of the deposit deferral request.
2. The application and supporting documentation must be completed and returned to City of San Luis Obispo Parking Services.
3. Application for this payment plan must be made within 60 calendar days of the citation issuance, or within 10 calendar days of an administrative hearing determination, whichever is later.
4. The amount due must be paid monthly. If you default on the agreed upon payment plan, all previously waived late fees will be reinstated and the total amount due must be paid within 45 days.



Mobility Services

1260 Chorro Street, Suite B, San Luis Obispo, CA 93401-3218
805.781.7230
slocity.org

In accordance with California Vehicle Code § 40222, the following information is required as proof of inability to pay citation fees in full.

PLEASE PRINT CLEARLY AND LEGIBLY IN INK

Date(s) Citation Received	Citation #s	Vehicle License Plate
Name	Daytime Phone #	Evening Phone #
Address (#, Street, City, State, Zip)		
Email		

For your request to be considered, you must complete this application in full and attach your most recent pay stubs, unemployment, Social Security, disability, welfare claim forms, IPS tax filing, or other government issued documentation to support the following information.

INCOME SOURCE	MONTHLY INCOME	
___ Employment (#hrs/wk) ___	Salary/Wages	\$ _____
___ Unemployment	Unemployment	\$ _____
___ Disability	Disability	\$ _____
___ Social Security	Social Security	\$ _____
___ CalFresh	Welfare	\$ _____
___ Other _____	Other _____	\$ _____
	TOTAL	\$ _____

I declare under penalty of making a false declaration that I am authorized to make this statement, and to the best of my knowledge, it is a true, correct, and complete statement a made in good faith.

Applicant's Signature _____ Date _____