



REQUEST FOR ADMINISTRATIVE HEARING BOND WAIVER

In accordance with the California Vehicle Code (CVC) § 40215(b):

The person requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency. The issuing agency shall adopt a written procedure to allow a person to request an administrative hearing without payment of the parking penalty upon satisfactory proof of inability to pay the amount due.

THE PURPOSE OF THIS REQUEST IS TO DEFER PAYMENT OF THE PARKING CITATION FINES PENDING THE RESULTS OF THE ADMINISTRATIVE HEARING. THIS DOES NOT CANCEL YOUR FINES. INABILITY TO PAY DOES NOT INVALIDATE THE CITATION.

INSTRUCTIONS FOR COMPLETING THE REQUESTS 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 submitted by the due date listed on your Review Disposition Notice.
3. If you unsuccessful at the administrative hearing, you must make full payment within five (5) business days of the date of the letter stating that your administrative hearing appeal was denied.
4. If your citation is delinquent and has accrued a penalty, you are not eligible to apply for the deposit deferral. The total amount due, including penalties, must be paid in full immediately.



Mobility Services

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

805.781.7230

slocity.org

As per CVC § 40215(b), the following information is required as proof of inability to deposit the full amount of the parking penalty prior to the Administrative Hearing.

PLEASE PRINT CLEARLY AND LEGIBLY IN INK

Date Citation Received	Citation #	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.

1. INCOME <input type="checkbox"/> Employment (#hrs/wk) _____ <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/> CalFresh <input type="checkbox"/> Other _____		2. SUPPORTED BY <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Child <input type="checkbox"/> Other _____		3. PERSONS YOU SUPPORT <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children # of _____ <input type="checkbox"/> Other _____ TOTAL _____	
4. Occupation: _____		If unemployed, # of months _____			
5. MONTHLY INCOME Salary/Wages \$ _____ Unemployment \$ _____ Disability \$ _____ Social Security \$ _____ Welfare \$ _____ Other \$ _____ TOTAL INCOME \$ _____		6. MONTHLY EXPENSES Rent/Mortgage \$ _____ Utilities \$ _____ Loans \$ _____ Credit Cards \$ _____ Food/Clothing \$ _____ Transportation \$ _____ Medical/Dental \$ _____ All Other \$ _____ TOTAL EXPENSES \$ _____			
7. CASH BALANCES					
Checking \$ _____		Savings \$ _____		Cash \$ _____	

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.

Appellant's Signature _____ Date _____