



CITY OF MONTEREY PARK

320 West Newmark Avenue

Monterey Park, CA 91754

(626) 307-1359

MPclerk@montereypark.ca.gov

ADMINISTRATIVE CITATION

HARDSHIP WAIVER FORM

(per MPMC 4.20.200)

Today's Date:	Time:	Citation Number:
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Citee Information

First:	Middle:	Last:
Address:	City:	Zip:
DL/ID Number:	State:	DOB:
Phone Number:	Signature:	

Are you appealing your citation?* Yes No

*(*This hardship waiver form must be submitted within 15 days of your citation whether or not you file an appeal.)*

Statement of Financial Hardship

I am unable to pay the entire fine amount specified on my Administrative Citation because: *(enter statement below; attach additional page(s) if necessary)*

Please complete the following:

1. Name of Employer:	Monthly Income (Gross):
Address:	Monthly Expenses:
Phone Number:	Length of Time Employed:
Supervisor's Name:	Can you provide proof of income? If yes, please attach.

You must submit either proof of income, a copy of last year's income tax return, or payroll stub, along with this form.

2. Assets	Checking Account(s): \$
Motor Vehicle(s):	Cash on Hand: \$
Home/Property:	Other Assets:
Savings Account(s): \$	Total Assets: \$

I understand that knowingly providing false information to the City constitutes a crime pursuant to Penal Code § 72 and can result in a fine, imprisonment, or both. I certify that all of the information included on this form and any accompanying document(s) is true and accurate.

Applicant signature: _____ Date: _____

By signing this waiver you are hereby informed that, if the citation is upheld, you will be responsible to pay the fine amount within 15 days of receiving notification. Failure to pay all of the fines on time will result in this matter being sent to a Collection Agency and/or the Alhambra Superior Court for a criminal filing in this matter. A copy of this form with results will be mailed to you.

(For Office Use Only) Request has been:

- GRANTED
- DENIED

Reviewed by: _____

Date: _____