



CITY OF PALMDALE

PUBLIC SAFETY - ADMINISTRATIVE CITATION DIVISION

APPLICATION for HARDSHIP WAIVER FOR APPEAL OF AN ADMINSTRATIVE CITATION

So that I may appeal the Administrative Citation issued to me without paying the administrative penalty in advance, I hereby request a hardship waiver for the following reason:

Citation: AC	Fine Amount:	Was the citation issued to a juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICANT INFORMATION

Applicant Full Name:

Name of Individual on Citation:

Relationship to Applicant:

Applicant Date of Birth:

Applicant SSN:

Applicant Drivers Lic No.:

Home Phone:

Cell Phone:

Email Address:

Current Address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary
(Please circle)

Annual income:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Full Name:

Date of Birth:

SSN:

Drivers Lic No.:

Home Phone:

Cell Phone:

Email Address:

Current Address:

City:

State:

ZIP Code:

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

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MONTHLY OBLIGATIONS

	Current Balance	Monthly Payment
Rent or Mortgage		
Transportation Expenses (<i>vehicle payment, gasoline, insurance, etc.</i>)		
Medical Expenses (<i>doctor, dentist, hospital, etc.</i>)		
Utilities (<i>gas, electric, telephone, water, cable, etc.</i>)		
Other (<i>describe</i>)		
Other (<i>describe</i>)		
Other (<i>describe</i>)		
Other (<i>describe</i>)		
Other (<i>describe</i>)		
TOTAL	\$	\$

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

I understand that this request for a Hardship Waiver must be received by the City of Palmdale within 20 days of the issuance of my citation and that to be considered for a Hardship Waiver, the application form must be complete and signed by the citee or parental/legal guardian if the citation was issued to a juvenile.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date

<p>Return by Mail to: City of Palmdale c/o Administrative Citation Service Center PO Box 11370 Santa Ana, CA 92711-1370-70-2</p> <p>Return in Person to: City of Palmdale Administrative Citations Division 827 E. Avenue Q-9 Palmdale, CA 93550</p> <p>Office Hours: Monday – Thursday 7:30am through 6:00 pm</p>	<p>Office: (661) 267-5181</p> <p>Fax: (661) 267-5554</p> <p>Email: administrativecitations@cityofpalmdale.org</p> <p>Please Note: A Request of Hearing form must accompany this form or have already been submitted.</p>
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