



City of Salinas

COMMUNITY DEVELOPMENT DEPARTMENT: Permit Services Division

65 W. Alisal Street Suite 101, Salinas, CA 93901

Ph (831) 758-7251 | Fax (831) 775-4269 | www.cityofsalinas.org

ADMINISTRATIVE CITATION HARDSHIP WAIVER REQUEST

NAME: _____

VIOLATION ADDRESS: _____

CITATION NO.: _____ DATE: _____ PENALTY AMOUNT: _____

PLEASE COMPLETE THE FOLLOWING:

EMPLOYMENT

Employed: _____ Unemployed: _____ Disabled: _____ Welfare: _____ Other: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Number of People you Support: _____

Net Income (take home pay, welfare, unemployment, etc.): \$ _____ monthly

ASSETS

MONTHLY EXPENSES

Checking Account	\$ _____
Savings Account	\$ _____
Cash on Hand	\$ _____
Vehicles	\$ _____
Home	\$ _____
Property	\$ _____
Other	\$ _____

Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans/Credit Cards	\$ _____
Food/Clothing	\$ _____
Transportation	\$ _____
Medical/Dental	\$ _____
Other	\$ _____

TOTAL ASSETS \$ _____

TOTAL EXPENSES \$ _____

In accordance with Section 1-05.09 of the Salinas Municipal Code, I am requesting a hardship waiver of the administration citation penalty prior to requesting an administrative hearing. I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. In the event my citation is not dismissed, I understand I must pay the entire amount of the penalty.

Signature: _____

Date: _____

WAIVER REQUEST REVIEW (FOR CITY STAFF TO COMPLETE)

Approved: _____ Denied: _____ Reason for Denial: _____

Signature: _____

Date: _____