



**CITY OF SALINAS**  
**FIRE PREVENTION DIVISION**  
65 W. ALISAL STREET, STE 101, SALINAS CA 93901  
Office (831)758-7466 [FirePrevention@ci.salinas.ca.us](mailto:FirePrevention@ci.salinas.ca.us)



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## ADMINISTRATIVE CITATION HARDSHIP WAIVER REQUEST

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NAME \_\_\_\_\_

CITATION NO.: \_\_\_\_\_ DATE: \_\_\_\_\_ PENALTY AMOUNT: \_\_\_\_\_

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### PLEASE COMPLETE THE FOLLOWING

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#### EMPLOYMENT

Employed: \_\_\_\_\_ Unemployed: \_\_\_\_\_ Disabled: \_\_\_\_\_ Welfare: \_\_\_\_\_ Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Number of persons supported: \_\_\_\_\_

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

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#### ASSETS

Checking account	\$ _____
Savings account	\$ _____
Cash on Hand	\$ _____
Vehicles	\$ _____
Home	\$ _____
Property	\$ _____
Other	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

#### MONTHLY EXPENSES

Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans/Credit Cards	\$ _____
Food/Clothing	\$ _____
Transporation	\$ _____
Medical/Dental	\$ _____
Other	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

In Accordance with **Section 1-19** 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: \_\_\_\_\_

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#### WAIVER REQUEST REVIEW

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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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