



CITY OF SALINAS
FIRE PREVENTION DIVISION
 65 W. ALISAL STREET, STE 101, SALINAS CA 93901
 Office (831)758-7466 www.cityofsalinas.org



ADMINISTRATIVE CITATION HARDSHIP WAIVER REQUEST

NAME _____

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

PLEASE COMPLETE THE FOLLOWING

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. _____

ASSETS

Checking account \$ _____
 Savings account \$ _____
 Cash on Hand \$ _____
 Vehicles \$ _____
 Home \$ _____
 Property \$ _____
 Other \$ _____
TOTAL ASSETS \$ _____

MONTHLY EXPENSES

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

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: _____

WAIVER REQUEST REVIEW

Approved: _____ Denied: _____ Reason for Denial: _____

Signature: _____ Date: _____