CITY OF HERMOSA BEACH

ADMINISTRATIVE CITATIONS

REQUEST FOR NON-PAYMENT OF FINES PRIOR TO ADMINISTRATIVE HEARING

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone number: _____ Work Telephone: (_____) _____

Social Security Number: _____ Email Address: _____

I hereby request the City of Hermosa Beach to waive the deposit of my bail prior to having my Administrative Hearing for the following reasons: _____

_____

Please complete this form entirely. ***Failure to do so** will **be cause for denial of your request.***

1. EMPLOYER: _____
   STREET ADDRESS: _____
   CITY: _____ STATE: _____ ZIP CODE: _____
2. SUPPORTED BY: _____
   (Name and Relationship of persons providing support)
3. NUMBER OF PERSONS SUPPORTED (include yourself): _____
4. Your NET Income (take-home pay, welfare, etc.:$_____ weekly bi-weekly monthly
5. If unemployed, months of unemployment Occupation

ASSETS (Value)		**MONTHLY EXPENSES**	
Motor Vehicle(s)	$_____	Rent/Mortgage	$_____
Home	$_____	Utilities	$_____
Property	$_____	Loans/Credit Cards	$_____
Savings Account(s)	$_____	Food/clothing	$_____
Savings Account #	_____	Transportation	$_____
Checking Account(s)	$_____	Medical/Dental	$_____
Checking Account #	_____	All Other $_____	Cash on Hand
	$_____		
TOTAL ASSETS	$_____	***TOTAL VERIFIABLE EXPENSES***	$_____

Submit with this form; copies of pay stubs, social security payment statements, unemployment compensation forms, welfare statements, State or Federal Income Tax Returns or other documents that will verify your income.

I attest, under penalty of perjury, that the information provided within this request is true and correct. Further, I understand that the amount I currently owe may be increased to include penalties for late payment.

Signature: Date:

FOR CITY USE ONLY

Request: D Granted D Denied _____ _____

Signature of City Official Date