PASADENA PERMIT CENTER
www.cityofpasadena.net/permitcenter

REQUEST FOR WAIVER OF CITATION FINE

Name: _____ Citation No: _____

Address: _____ Zip: _____

I hereby request a waiver of the required citation payment and request that the City proceed with the Administrative Hearing on my code violation matter. Waiver of payment of the citation fee is warranted due to the following:

_____

_____

Please complete the following:

1. **EMPLOYMENT**	2. **SUPPORTED BY:**	3. **PERSONS SUPPORED:**
☐ Employed	☐ Self	☐ Self
☐ Full- Time	☐ Spouse	☐ Spouse
☐ Part-Time	☐ Parents	☐ Children (# of)
☐ Unemployed	☐ Welfare	☐ Other
☐ Disabled	☐ S.S.I.	Total: #
☐ Student	☐ Disability	
☐ Homemaker	☐ Unemployment	
☐ Military	☐ Other	
☐ Other: _____		

4. Your net income (take home pay, welfare, etc.): $ _____ every _____ days

5. If unemployed, months of unemployment _____. Occupation _____.

Please provide documentation which supports the information indicated above (i.e. payment stubs, medical cards)

6. **ASSETS (VALUE)**		7. **MONTHLY EXPENSES**	
Motor Vehicles(s)	$ _____	Rent/mortgage	$ _____
Home	$ _____	Utilities	$ _____
Property	$ _____	Loans/Credit Cards	$ _____
Savings Account(s)	$ _____	Food	$ _____
Checking Account(s)	$ _____	Transportation	$ _____
Cash on Hand	$ _____	Medical/Dental	$ _____
All Other	$ _____	All Other	$ _____
TOTAL ASSETS	$ _____	TOTAL EXPENSES	$ _____

8. If a fine is imposed, how much could you afford to pay each month? $ _____

9. Total amount of request $ _____

_____ _____
Signature **Date**

OFFICE USE ONLY

WAIVER OF CITATION FINE ❑ GRANTED ❑ DENIED

_____ _____
Signature of Approving Manager Date

PP0055 Rev 7/07

PLANNING AND DEVELOPMENT DEPARTMENT//
CODE COMPLIANCE SECTION
175 NORTH GARFIELD AVENUE
PASADENA CA 91109
T 626 744 4633
F 626 744 4249