



APPLICATION FOR ADVANCE DEPOSIT HARDSHIP WAIVER

CITY OF BRISBANE
50 Park Place, Brisbane, CA 94005
(415) 508-2120

Any recipient of an Administrative Citation who desires to request an appeal hearing and claims to be financially unable to make an advance deposit of the Administrative Fine, as required by the Brisbane Municipal Code, may apply for a waiver of the Advance Deposit. **This Application, together with any supporting information and attachments, must be submitted with the Notice of Appeal not later than ten (10) calendar days from the date that service of the Administration Citation was completed. Applications received after such time shall be rejected.**

The requirement of depositing the Administrative Fine shall be suspended until a decision has been made on this Application. If the waiver is granted, no payment of the Administrative Fine will be required unless the citation is upheld by the Hearing Officer. If the waiver is denied, the advance deposit must be made within ten (10) calendar days after service of the written denial. Failure to make the deposit following denial of the waiver application will result in a dismissal of the appeal and relinquishment of all rights to an appeal hearing. Return this Application with your Notice of Appeal to the City Clerk.

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Phone: Work: _____ Home: _____ Cell: _____

ADMINISTRATIVE CITATION: Citation Number: _____ Date Issued: _____

QUALIFICATION FOR WAIVER: Have you been determined to be qualified for participation in any public or private program available only to persons with low or very low income, such as, by way of example, subsidized housing, food stamps, SSI, Medi-Cal, or California LifeLine? If so, please describe and attach evidence of qualification.

State your reasons why an Advance Deposit Hardship Waiver should be granted to you. Attach additional pages and verification documents if necessary.

NOTICE: Any person who willfully provides the City with false statements of material fact in this Application is guilty of a misdemeanor and upon conviction thereof is punishable by a fine of not more than \$1,000 or by imprisonment for a period up to 6 months, or both.

Date: _____

Signature

State of California
County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____ by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Signature: _____ Seal: _____