CITY OF GOLETA

ADVANCE DEPOSIT HARDSHIP WAIVER

This is a request form for an Advance Deposit Hardship Waiver related to an Administrative Citation you have received. Please ensure that the following requirement is completed:

1. Complete this Advance Deposit Hardship Waiver form and submit it to the City Attorney's Office at:

   City of Goleta
   City Attorney's Office
   130 Cremona Drive Suite B
   Goleta, CA 93117

PLEASE BE ADVISED, the filing of this form does **not** extend the time to file for an Administrative Hearing or to pay the fine amount when due. If this request is denied, an Administrative Hearing will not be scheduled unless the advance deposit is paid within five business days following the denial.

Upon proper and timely filing of this request, it will be decided by the City within 10 business days from date the request is received. The City's decision on this request is final and not appealable.

Date: _____ Citation #: _____ Total Amount Due: $_____

Responsible Person/Party: _____

Address: _____

City/State: _____ Zip Code: _____

Contact Telephone Number: _____

Please state the reason for requesting a financial hardship waiver. Please attach supporting documentation (copy of bankruptcy, bank statements, paycheck stubs, tax returns, etc.).

_____
_____
_____
_____
_____
_____

I understand that if I am found liable, I will be required to pay the delinquent amount of the Administrative Citation fine. I further understand if I fail to resolve this matter, the City may pursue any and all legal, equitable and administrative remedies for the collection of unpaid fines.

I declare under penalty of perjury pursuant to the laws of the State of California that the foregoing is true and correct.

Applicant Signature: _____ Date: _____