



CITY OF SALINAS
Fire Marshal's Office/Fire Prevention Division
200 LINCOLN AVE SALINAS CA 93901
Office (831)758-7466 FirePrevention@salinas.gov

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	\$ _____
Transporation	\$ _____
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: _____
