

City of Rosemead
Public Safety Department
8301 East Garvey Avenue
Rosemead, CA 91770

Request for Hardship Waiver

Please print or type. A complete mailing address is required.

Name: _____ Citation Number: _____

Address: _____ City/State/Zip: _____

Telephone: (_____) _____ Email: _____

REQUEST FOR HARDSHIP WAIVER PURSUANT TO THE ROSEMEAD MUNICIPAL CODE

Pursuant to the Rosemead Municipal Code, a person that receives an administrative citation must either pay the fine assessed by the citation or complete a Request for Administrative Hearing form. If an administrative hearing is request, the responsible party must submit an advance deposit of the fine assessed by the citation or request a waiver of the advance deposit based on financial hardship. The person requesting the waiver bears the burden of establishing a lack of the financial ability to make the deposit. (RMC 1.20.110)

Please state the basis for your request below. If you checked one of the listed items below please provide the proper documentation. You may attach additional pages if necessary.

_____ I am receiving Financial Assistance in the form of Supplemental Social Security (SSI).

_____ I am receiving CalWORKs – Works or Electronic Benefits Transfer (EBT).

_____ I am receiving County Relief, General Relief or General Assistance.

_____ I am a wounded war veteran on a fixed military income.

_____ I am a senior citizen on a fixed Social Security Income and paying for Federal Medicare Services.

_____ My total monthly household income is less than the current poverty level set by the Economic Opportunity Act of 1964.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to my knowledge. I understand any statement made herein will be verified.

Signature Date Driver License: State/Number/Expiration Date