



City of Corona

REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER FORM

If you are financially unable to make an advance deposit of the fine amount and/or appeal fee prior to an appeal hearing, you may request an advance deposit hardship waiver. The request must be filed within 5 days of the date of the issuance of the decision subject to appeal. Please attach supporting documentation for your waiver request.

Deliver or send to:

Finance Department, First Floor, Suite 120, 400 South Vicentia Avenue, Corona CA 92882

Name of Requestor:

In Reference to:

Decision Date Subject to Appeal:

Phone Number of Requestor:

Mailing Address of Requestor:

I received the above noted and hereby request an advance deposit hardship waiver. I declare that I am financially unable to make the advance deposit. My family's total [weekly/ monthly/ annual (circle one)] gross income is (\$) _____ and my family's size is _____, including myself.

I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.

Signature of Responsible Party:

Date Submitted:

For Finance Director (or his/her designee) Use Only

DEPOSIT WAIVER: Granted _____ Denied _____ Signature: _____

Reason(s) for Decision: _____

Requester Informed: _____ Forwarded to Appeal Hearing Officer: _____
(Initial/Date) (Initial/Date)