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CITY OF MERCED 678 West 18th Street Merced, CA 95340 www.cityofmerced.gov Code Enforcement (209) 385-6237

_ Finance (209) 388-7900

Animal Control (209) 385-4720

ADVANCE DEPOSIT HARDSHIP WAIVER APPLICATION

NAME:		
MAILING ADDRESS:		
ADDRESS OF THE VIOLATION:		
CITATION #: CASE #:	_ CITATION DATE: PENALTY	AMOUNT:
PLEASE COMPLETE THE FOLLOWING		
EMPLOYMENT INFORMATION:		
Employed: Unemployed: Disab	led:Welfare: Other:	_
Employer Name:		
Employer Address:		Employer Telephone:
Number of persons supported:		
Net Income (take home pay, welfare, unem	ployment, etc.: \$ weekly/bi-	weekly/monthly (<i>circle one</i>)
ASSETS	MONTHLY EX	PENSES
Checking account\$Savings account\$Cash on Hand\$Vehicles\$Home\$Property\$Other\$TOTAL ASSETS\$	Utilities Loan/Credit Cards Food/Clothing Transportation	\$ \$ \$ \$ \$ \$ \$
In accordance with Section 1.10.090 of th administrative citation penalty deposit prio the above statements are true and correc dismissed, I understand I must pay the er	or to requesting an administrative hear at to the best of my knowledge and bel	ring. I declare under penalty of perjury that
Signature:		Date:
	WAIVER REQUEST REVIEW	
Approved: Denied: Reaso	n for Denial:	
Signature:	Date:	
The above determination was mailed via address listed above on		