

FINANCE OFFICE 411 Main Street P.O. Box 3420 Chico, CA 95927-3420 (530) 879-7300

	PART I: REQUEST FOR HARDS	HIP WAIVER (Applicant	to Complete Part I)		
	financially unable to deposit my administrative fine of \$_sit requirement be waived. To support my request, I subn			equest that the advance	
	Applic	ant Information			
Name:		Phone No:	Age at la	Age at last birthday:	
Address:		Date:	Number	Number in Household:	
	Statement of Combined Annua	al Total Household Incom	e - All Sources		
1	Adjusted gross income (from State and Federal Persona	al Income Tax Returns for the	ne last year)	\$	
2	Alimony, other Support Money			\$	
3	Public Assistance and Relief (Does this include an allowance to pay utility bills and taxes? ☐ Yes ☐ No)			\$	
4	Pension, Annuities, Social Security			\$	
5	Worker's Compensation, Unemployment Insurance			\$	
6	Tax Exempt Interest, Insurance Benefits, Gifts			\$	
7	Other:			\$	
			TOTAL	\$	
Signature		Date			
	PART II. ACTION ON THE REQUEST FOR H	IARDSHIP WAIVER (Fir	nance Office to Comp	olete Part II)	
On b	ehalf of the City of Chico, I have considered this request	for hardship waiver and bas	ed on such request, I r	ecommend:	
	_ APPROVAL of the Request for Hardship Waiver, fin the administrative fine prior to obtaining a hearing da		demonstrated a preser	nt inability to deposit	
	DENIAL of the Request for Hardship Waiver, finding the administrative fine prior to obtaining a hearing da Office within ten (10) days of the date of this notice. date of the hearing.	te. Therefore, please depos	it the administrative fi	ne with the Finance	
	If the administrative fine is not delivered to the City's no longer have a right to an administrative hearing an interest will be added to the amount of the fine.			, you will quent and penalties and	
Signature		 Date			

cc: Issuing Department Cited Party