



City of Rancho Cucamonga  
10500 Civic Center Drive  
Rancho Cucamonga, CA 91730  
(909) 477-2700

### Administrative Citation Hardship Waiver

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Citation Number: \_\_\_\_\_ Amount of Administrative Fine: \$ \_\_\_\_\_

#### PLEASE COMPLETE THE FOLLOWING

##### EMPLOYMENT INFORMATION

Employed  Unemployed  Disability  Welfare  Other \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of persons supported: \_\_\_\_\_

Net Income (Take home pay, welfare, unemployment, etc.): \$ \_\_\_\_\_ per month

Additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Supporting documents may be attached to this form for consideration.

*In accordance with Section 1.12.120 of the Rancho Cucamonga Municipal Code, I am requesting a hardship waiver of the administrative 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 – STAFF USE ONLY

Approved  Denied  Reason for Denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_