CITY OF WINTERS california Est. 1875

CODE COMPLIANCE UNIT
702 Main Street, Winters, CA. 95694
Office (530) 795-2261| Fax (530) 795-3921
Email: code.compliance@winterspolice.org

REQUEST FOR ADVANCE DEPOSIT/ HARDSHIP WAIVER

If you are financially unable to make a full payment or an advance deposit of the fine amount prior to an administrative review, you may request an advance deposit/ hardship waiver. The finance waiver request must be filed **within 10 days** of the date of the administrative citation.

Contact Name (First and Last)	
Mailing address	
Phone Number	

My monthly gross income is $_____ and I have ____ dependants including myself. I received the fine noted above and hereby request an advance deposit hardship waiver. I am financially unable to make the advance deposit for the following reason(s):

_____
_____
_____
_____
_____
_____

☐ **I intend to file a request for an administrative citation appeal/hearing (please see attached)**

By my signature below, I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct

Signature: _____ Date: _____