



**City of Mountain View Police Department**  
**ADMINISTRATIVE CITATION**  
**Request for Advance Deposit Hardship Waiver**

Case No.: \_\_\_\_\_ Date of Citation: \_\_\_\_\_

Name (Appellant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Any person who requests a hearing to contest an administrative citation may request an advance deposit hardship waiver, to include the reasons for the request. The City may issue an advance deposit hardship waiver if the City is satisfied that the person is unable to deposit the full amount of the penalty in advance of the review. A written determination will be provided. The determination shall be final, subject only to judicial review as provided by law. If the City determines not to issue an advance deposit hardship waiver, the person shall remit the deposit to the City within ten (10) days of the date of that decision in order to secure the hearing.*

**REASON(S) FOR HARDSHIP WAIVER:** \_\_\_\_\_

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

*Please provide copies of documentation verifying sources of income. Documents may include Social Security, general assistance, AFDC, current paychecks, etc.*

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

\_\_\_\_\_  
 Signature (Appellant)

\_\_\_\_\_  
 Date

**Appellant will be notified of the findings within thirty (30) days by first-class mail. Please mail or deliver with a Request for Appeal to:**

**City of Mountain View Police Administration**  
**1000 Villa Street**  
**Mountain View, CA 94041**  
**ATTN: Administrative Citations**

**FOR OFFICIAL USE ONLY**

Date Appeal Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Received via:  Mail  Personal Delivery  Other \_\_\_\_\_

**FORWARD TO: POLICE DEPARTMENT**