



CITY OF INGLEWOOD

ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT

Code Enforcement Division



Christopher E. Jackson, Sr., Department Manager

REQUEST FOR FEE WAIVER-ADMINISTRATIVE CITATION I.M.C. § 11-96.8

Date: _____ Total Amount Due: \$ _____

Violator's Name: _____ Citation Location: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ SS #: _____ CDL #: _____

Employer Name: _____ Employer Phone #: _____

Employer Address: _____ City: _____ Zip: _____

Gross Pay Schedule: Weekly _____ Biweekly _____ Monthly \$ _____
Check one: (enter the date for monthly)

NET Income (your take home pay, welfare, etc.): \$ _____

Penalty Payment Agreement:

1. I hereby state I am unable to pay the required Administrative Penalty amount and request the following payment arrangements:

I will make payments on: _____
(indicate date/amount)

1. _____ 2. _____
3. _____ 4. _____

I understand if I am found liable, I will be required to pay the delinquent amount due. I further understand, if I fail to resolve this matter, I may be subject to one of the following:

1. A trial in the criminal court with a fine.
2. A lien placed on your Los Angeles County Property Taxes Bill.

Signature: _____

FOR OFFICE USE ONLY

Waiver of Penalty Granted () Denied ()

Signature of Employee Reviewing Fee Waiver Request _____ Date _____