

Appeal Hardship Waiver Instructions

Any person who intends to appeal the administrative citation and who is financially unable to make the advance deposit may request an advance deposit hardship waiver by completing a Request for Appeal Hardship Waiver. The deposit waiver request form shall be filed together with the appeal.

The Director of Financial Management shall issue a written determination listing the reasons for his/her determination to issue or not issue the hardship waiver. The written determination shall be final. If the Director of Financial Management declines to issue a waiver, the cited party shall remit the full deposit to the City within fifteen (15) calendar days from the date the administrative citation is issued.

The following are instructions on how to complete the hardship waiver form.

1. Please complete the Declaration of Hardship Form by typing in your information or writing in your information in blue or black ink.
2. On the form where indicated, enter the "Cited Party" name.
3. In the body of the form, please state all of the reasons why you are unable to pay the administrative fines that you owe the City of Norwalk. Please provide as many details as possible explaining why you cannot pay the amount owed, such as job loss, medical condition, or the like. Also, please indicate the amount that you can pay, if any.
4. Enter the "date" when the form was completed.
5. Enter the "administrative citation number" in the space provided. The administrative citation number is located in the upper right-hand corner of the administrative citation in red.
6. Please sign the declaration in the space provided. The signature may be that of the cited party or the authorized representative of the cited party. By signing this declaration, you are also authorizing employees of the City of Norwalk to request and review your credit history from credit reporting services.

Return the following documents to the City of Norwalk:

1. Completed Declaration of Hardship Form.
2. A copy of your last IRS W2 form (United States federal tax form issued by employers which contains employee earnings).
3. A copy of your most recent bank statement.
4. Proof of job loss, medical condition, or other relevant documentation.

Please feel free to redact your social security number and/or bank account number from any documentation submitted and doing so will not adversely impact our consideration of your request.

Return required documents to the City by email to dbustamante@norwalk.gov, or mail to the City of Norwalk, Attn: Public Safety Department – Code Compliance Division, 12700 Norwalk Boulevard, Room 16

Should you have any questions, please contact us at (562) 929-5730 or by email at dbustamante@norwalkca.gov. You can also visit the Code Compliance Division in City Hall at 12700 Norwalk Boulevard, Room 16, Norwalk, California, 90650, Monday - Friday, 8:00 a.m. to 5:00 p.m.



Declaration Supporting Appeal Hardship Waiver Request

Please fill out this form stating all of the reasons that you are unable to pay the administrative fines that you owe the City of Norwalk. Provide as many details as possible explaining why you cannot pay the amount owed, such as job loss, medical condition, or the like. Also, indicate the amount that you can pay, if any. Please sign and date this declaration in the space provided.

Return this form along with a copy of your last IRS W2 form and most recent bank statement to our office. Please feel free to redact your social security number and/or bank account number from any documentation submitted and doing so will not adversely impact our consideration of your request.

Please mail to City of City of Norwalk, Attn: Public Safety Department – Code Compliance Division, Norwalk Blvd., Room 16, Norwalk, CA, 90650, or email dbustamante@norwalkca.gov.

I, _____, Declare:
(Cited Party)

Multiple horizontal lines provided for writing the declaration.

(You may continue the declaration on a separate document if necessary)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature of Cited Party or Authorized Representative) (Date)

Administration Citation # _____
(Located on citation in upper right-hand corner)