



CITY OF ROCKLIN

Appeal Hearing Request Administrative Citation

This request must be filed within **30 days** of the citation date (with a copy of the citation attached), along with the advanced deposit of the fine (checks only accepted) payable to the City of Rocklin.

City of Rocklin, City Clerk's Office
3970 Rocklin Road
Rocklin, California 95677

Please select one of the following:

HEARING BY MAIL

HEARING BY HEARING OFFICER (Hearings are scheduled the 1st Thursday of the month)

Citation Issued To:	Phone No. (include area code): ()
Citation No(s).:	Citation Date(s):
Violation Address:	
Person Attending Hearing: (may be tenant, relative or any designated proxy)	Phone No.: ()
Mailing Address:	
Please explain your reason for believing this citation(s) was issued in error:	
I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.	
SIGNATURE: _____ <small>(Cited Individual)</small>	DATE: _____
REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER	
ONLY person(s) listed on the citation may request for an Advance Deposit Hardship Waiver	
If requesting an Advance Deposit Hardship Waiver, your waiver must be filed with the City Clerk within 30 days of the citation date. You must also provide an explanation of financial inability to deposit the full amount of the fine and copies of documentation verifying current source(s) of income along with the request. <i>(Documents may include social security, general assistance, AFDC, current paycheck, etc.)</i>	
Please explain your hardship:	
I declare under penalty of perjury that the foregoing statement and information provided by me is true and correct.	
SIGNATURE: _____ <small>(Cited Individual)</small>	DATE: _____
FOR OFFICE USE ONLY (Below)	
DEPOSIT WAIVER: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	
SIGNATURE: _____	DATE: _____
REASON FOR DENIAL:	