



# 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

HEARING BY HEARING OFFICER  (Hearings are scheduled the 1<sup>st</sup> 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: _____ (Cited Individual)	DATE: _____

<b>REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER</b>	
ONLY person(s) listed on the citation may request for an Advance Deposit Hardship Waiver	
If requesting an Advance Deposit Hardship Waiver, your waiver <b>must</b> be filed with the City Clerk <b>within 30 days</b> of the citation date. You <b>must</b> 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: _____ (Cited Individual)	DATE: _____

FOR OFFICE USE ONLY (Below)	
DEPOSIT WAIVER:	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
SIGNATURE: _____	DATE: _____
REASON FOR DENIAL:	