



**CITY OF SOUTH SAN FRANCISCO**

**ADVANCE DEPOSIT HARDSHIP WAIVER REQUEST  
ADMINISTRATIVE CITATION**

**Request must be filed with the Finance Department secretary within 15 days of citation date**

Name: \_\_\_\_\_

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

Phone Number:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Citation Date: \_\_\_\_\_

Citation Number(s): \_\_\_\_\_

**Please explain your reason for claiming an economic hardship.**

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**In order to be considered, the following documents must be submitted with this request:**

- **Most recent pay stub, unemployment voucher, disability voucher, or welfare voucher**
- **Most recent Federal Tax Return**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_