



COUNTY OF SACRAMENTO
SHERIFF'S DEPARTMENT PARKING ENFORCEMENT DETAIL

REQUEST FOR INDIGENT PAYMENT PLAN / FEE WAIVER FOR 2ND LEVEL APPEAL

Name: Phone#: Email:

Address: City: State: Zip:

Citation(s) #: License Plate/Vin# DL #

AB 503 - UNPAID PARKING CITATION PAYMENT PLAN / APPEAL FEE WAIVED

As set forth in CVC 40220, effective July 1st, 2018, the County of Sacramento Sheriff's Parking Enforcement Detail will allow Payment Plan options for Registered Owner(s)/Lessee(s) with unpaid parking ticket(s) who can provide proof of indigency.

One of the following three options must be completed and documents provided:

- 1) Proof of income: Please provide your three (3) most recent pay stubs.

My monthly income amount is:

Please provide your household size:

- 2) Must provide verification of benefits form for Public Assistance, or Award Letter for Social Security. Please check the box(es) that apply:

- () Employment () Supplemental Security Income
() In-Home Supportive Services (IHSS) () Medi-Cal
() Food Stamps () California Work Opportunity (Cal Works)
() General Relief (GR), County Relief () Other
Or General Assistance

- 3) If the Registered Owner(s)/Lessee(s) does not have income or receives public assistance, a copy of annual earnings from the Social Security Department is required.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct. Any false or incomplete information may forfeit my rights to a Payment Plan.

Signature: Date:

Please return this form along with your supporting documents to:

County of Sacramento Sheriff's Parking Enforcement Detail
2101 Hurley Way
Sacramento, CA 95825

Department Use Only

Payment Plan documents: Signed Terms & Conditions page () Income documents ()

Plan: Approved:() Denied ()

Employee Signature: Date: