



BEAR VALLEY COMMUNITY SERVICES DISTRICT

28999 South Lower Valley Road • Tehachapi, CA 93561-7460
PHONE 661-821-4428 • FAX 661-821-0180

REQUEST FOR ADVANCE DEPOSIT HARDSHIP WAIVER APPLICATION FORM

Received: _____

District Code section 1-12-8.B allows any citee, who is financially unable to make the advance deposit of the fine for a hearing to contest an administrative citation, to file a request for an advance deposit hardship waiver. This request must be filed (received by) with the District within **15 days** of the date of the administrative citation. Please complete this form and attach a copy of the administrative citation and any supporting documentation and deliver or mail this request to the Bear Valley Community Services District, 28999 S. Lower Valley Road, Tehachapi, CA 93561.

Administrative Citation Number: _____ Administrative Citation Date: _____

Name: _____ Phone Number: _____

Address: _____

Below, please state the reasons why you are unable to make the advance deposit and attach any supporting documentation:

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

Signature of Requestor: _____ Date: _____