



**City of Santa Monica  
Request for Hearing by Written Declaration**

**An Initial Review has been completed for this citation.** You are entitled to a mail-in or in-person administrative hearing of the citation by a City Hearing Examiner provided the hearing is requested within (21) calendar days of the date of the liable letter and you have paid the amount due for the citation or have been granted a payment waiver. Mail to City of Santa Monica, P.O. Box 515214, Los Angeles, CA 90051-6514. **If you fail to contact the city within the specified time, you will forfeit the right to a hearing.**

**IMPORTANT:** All fines for the contested citation must be paid in full prior to scheduling a hearing. Determination of an inability to pay is governed by California Vehicle Code Section 40251(b) and may allow a waiver of the deposit of the amount due, provided the issuing agency is in possession of sufficient proof and has granted a variance.

Citation Number: \_\_\_\_\_ State of License Plate: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**WRITTEN DECLARATION**

Please type or print. Attach additional sheets, if necessary.

I, \_\_\_\_\_ declare as follows:

By completing this form, you have indicated your choice of a Hearing by Written Declaration. You may submit declaration statements from witnesses with pertinent knowledge of the facts relating to your defense. I WAIVE THE RIGHT TO AN IN-PERSON HEARING IN ORDER TO PROCEED WITH A WRITTEN DECLARATION. I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Documentary evidence attached. ( ) Yes ( ) No  
If yes, please list documentary evidence. All documents submitted will not be returned.