



OFFICE OF THE CITY CLERK

CITY HALL
10300 TORRE AVENUE • CUPERTINO, CA 95014-3255
TELEPHONE: (408) 777-3223 • FAX: (408) 777-3366

ADVANCE DEPOSIT HARDSHIP WAIVER FORM

Instructions: Please type or print neatly using a ball point pen. All information must be completed on this form to be considered for review.

I, the undersigned, do hereby request an advance deposit hardship waiver for the following reasons (Attach additional pages and supporting documents for verification)

Citation Number: _____ (if applicable)

Daytime Telephone: _____ E-mail: _____

I make the representations set forth in this application knowing that any person who willfully provides the City Clerk with false statements of material facts in this application is guilty of a misdemeanor and upon conviction thereof is punishable by a fine of not more than one thousand dollars (\$1000.00) or by imprisonment of a period of not more than six months, or by both such fine and imprisonment.

Name: _____ Signature: _____

Important:

1. The Advance Deposit Hardship Waiver Form must include a sworn affidavit from a Notary Public. Please note there is a separate fee for this service.
2. The decision to waive this requirement is made by the Director of Administrative Services.
3. All documents must be submitted to the Office of the City Clerk within ten (10) business days from the date of the penalty.

(Staff Use Only)

Date/time received by Office of City Clerk: _____ Staff initials: _____

Hardship Waiver Approved: Yes: _____ No: _____

Department Staff Review Signature _____ Date: _____