



**CITY OF DIXON  
REQUEST FOR DEPOSIT WAIVER  
FOR APPEAL OF ADMINISTRATIVE CITATION**

TO: THE FINANCE DIRECTOR OF THE CITY OF DIXON:

Name of Appellant: \_\_\_\_\_

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

\_\_\_\_\_

Telephone No. \_\_\_\_\_

A. I have received an Administrative Citation, and wish to appeal the Administrative Citation. In order to appeal, I am required to either deposit the amount of the administrative fine or file a Request for Deposit Waiver approved by you, based upon my inability to deposit the amount of the administrative fine. I do not have the financial ability to make the required deposit. I therefore hereby request that you approve this Request for Deposit Waiver.

The information regarding the Administrative Citation that I received is as follows:

Citation No. \_\_\_\_\_

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

Section(s) alleged: \_\_\_\_\_ *please list each Dixon City Code section or sections and/or the Dixon Municipal Code section or sections alleged to have been violated as shown on the citation you received.*

Amount of deposit to be waived \$\_\_\_\_\_ *This amount should be the same as the amount of the proposed fine listed on the Administrative Citation.*

B. The basis for my request is as follows: *please state the facts that you believe demonstrate your current inability to deposit the amount of the proposed fine. It is your responsibility to demonstrate, to the satisfaction of the Finance Director, that you do not have the financial ability to deposit the proposed fine. If you need additional space, you may attach additional sheets. You may also attach any supporting documents or materials (such as tax returns or other financial data) that you believe are appropriate.*

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