

SAN MARINO POLICE DEPARTMENT

APPLICATION FOR PENALTY WAIVER REGARDING HANDICAP PARKING VIOLATION ISSUES TO QUALIFIED HANDICAPPED PERSON

Citation #: _____ Date Issued: _____
Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____
Handicap Placard #: _____ Expires: _____

By Applying my signature to this form, I attest the fact that:

1. I was legally entitled to be parked in a handicapped parking space when the citation was written.
2. My placard was (check one):
 - not properly displayed.
 - properly displayed, but apparently not observed by the person issuing the citation.
3. I acknowledge that the citation penalty may be waived after a thorough investigation by the Police Department. In the event that I receive another citation in the City of San Marino for the same violation, within a twelve month period, the penalty may be applied in full.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Investigated by: _____ Date: _____

RESULTS: Penalty Waived Appellant Notified
 Penalty Waiver Does Not Apply