

## COVID-19 FINANCIAL HARDSHIP REQUEST

*Street Sweeping Parking Citations*

### REQUIREMENTS

**PURPOSE:** The purpose of this request is to determine the qualifications for COVID-19 Financial Hardship for Street Sweeping Parking Citations issued after the City of San Fernando declared a local emergency on March 16, 2020. This only applies to citations issued between March 16, 2020 and May 15, 2020.

**THE PROCESS:** The request for a review and reduction of the fine, the citation must have been issued between March 16, 2020 and May 15, 2020. The City will only consider reducing one ticket per vehicle. Failure to request the review within 60 days of citation issuance, or failure to submit the required documents will end your right for this request. Information regarding this process is available 8:30 am to 5:00 pm, Monday through Thursday (except holidays), by calling (818) 898-1254 or email [Police@sfcity.org](mailto:Police@sfcity.org). To qualify it must be COVID-19 related, including, but not limited to the following:

1. The registered/legal owner of the vehicle was sick with a suspected or confirmed case of COVID-19 or caring for a household or family member who was sick with a suspected or confirmed case of COVID-19;
2. The registered/legal owner of the vehicle experienced a lay-off, loss of hours, or other income reduction resulting from COVID-19, the state of emergency, or other government response; or
3. The registered/legal owner of the vehicle needed to miss work to care for a child whose school or daycare was closed in response to COVID-19.

For a review, you must complete the application and certification portions of this form and return it to:

San Fernando Police Department – Administration Division  
910 First Street, San Fernando, CA 91340

**DETERMINATION:** A review will be conducted within two (2) weeks (excluding weekends and holidays) after your request has been received by the San Fernando Police Department. The City will review the matter and provide a written reply to you within two weeks of receiving this request. You may also call (818) 898-1254 for results of your review.

### APPLICATION *To be Completed by the Vehicle's Registered or Legal Owner*

TODAY'S DATE		TIME		DATE OF CITATION		CITATION NO.			
VEHICLE YEAR		VEHICLE MAKE		VEHICLE MODEL		LICENSE PLATE NO.		STATE	
PERSON REQUESTING: FULL NAME									
ADDRESS					CITY			STATE & ZIP CODE	
PHONE NO.					EMAIL ADDRESS				
YOUR INTEREST IN VEHICLE									
<input type="checkbox"/> THE REGISTERED OWNER <input type="checkbox"/> THE LEGAL OWNER <input type="checkbox"/> OTHER (EXPLAIN):									
STATEMENT OF ALL OF THE FACTS THAT YOU WOULD LIKE CONSIDERED <i>Attach an additional page if necessary</i>									
<b>CERTIFICATION</b> <i>I hereby certify that the information in this application is true and correct.</i>									
NAME (PRINT)					SIGNATURE			DATE	
<b>FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA</b>									
DATE/TIME RECEIVED				RECEIVED BY			COMMENTS		