

## FINANCE DEPARTMENT CITY OF CULVER CITY

9770 CULVER BLVD, CULVER CITY, CA 90232 accounts.receivable@culvercity.org

FAX (310) 253-5880

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## **REFUSE PENALTY WAIVER REQUEST FORM**

MAXIMUM ONE PENALTY PER ROLLING TWELVE (12) MONTH PERIOD

ACCOUNT INFORMATION		
Today's Date:		
Account Number:		
Name on the Account:		
Service Address:		
Amount of penalty requesting to be waived	l: \$	Invoice Number:
I paid this bill:		
With an online bill pay system (please attached a delivery confirmation from bank bill pay system).		
In person. Date of receipt:		
Via USPS Mail. Date of receipt:		
Via City of Culver City night drop. Date and time of drop:		
Please explain why you feel the penalty waiver should be granted. Please attached any supporting documentation and		
submit this request to the Finance Department.		
Additional explanation can be attached to form.		
INFORMATION ABOUT YOU		
Your Name:		
Contact Phone:	Contact E-mail	:
I understand this request will be reviewed by the Revenue Manager and its approval or denial decided by the City Manager or Chief Financial Officer. During this process, your account must remain in good standing with any/all outstanding balances paid in full (including penalties) by their respective due dates. If your account is not in good standing, your request will be subject to immediate denial.  I understand there is a maximum of one (1) penalty waiver per rolling twelve (12) month period based on payment history.  I,		
OFFICE USE ONLY		
	CITICL OSL ON	<u>. 1</u>
Received by:	Date:	Last Penalty Waived on:
Approved by:	Date:	Penalty Waiver Request Status: Approved. Penalty Waived:\$
Processed by:	Date:	Denied. Reason: