



**COUNTY OF SACRAMENTO
SHERIFF'S OFFICE PARKING ENFORCEMENT DETAIL
INDIGENT PAYMENT PLAN APPLICATION**

Name: _____ Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Citation(s) #: _____ License Plate/Vin# _____ DL # _____

AB 503 – UNPAID PARKING CITATION PAYMENT PLAN

As set forth in CVC 40220, effective July 1st, 2018, the County of Sacramento Sheriff's Parking Enforcement Detail will allow Payment Plan options for **Registered Owner(s)/Lessee(s)** with unpaid parking ticket(s) who can provide proof of indigency.

One of the following three options must be completed and documents provided:

- 1) **Proof of income: Please provide your three (3) most recent pay stubs.**

My monthly income amount is: _____

Please provide your household size: _____

- 2) **Must provide verification of benefits form for Public Assistance, or Award Letter for Social Security. Please check the box(es) that apply:**

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> In-Home Supportive Services (IHSS) | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> California Work Opportunity (Cal Works) |
| <input type="checkbox"/> General Relief (GR), County Relief
Or General Assistance | <input type="checkbox"/> Other |

- 3) **If the Registered Owner(s)/Lessee(s) does not have income or receives public assistance, a copy of annual earnings from the Social Security Department is required.**

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct. Any false or incomplete information may forfeit my rights to a Payment Plan.

Signature: _____ Date: _____

Please return this form along with your supporting documents to:

County of Sacramento Sheriff's Parking Enforcement Detail
2101 Hurley Way
Sacramento, CA 95825

Department Use Only

Payment Plan documents: Signed Terms & Conditions page () Income documents ()

Plan: Approved:() Denied ()

Employee Signature: _____ Date: _____