



**REQUEST FOR A HARDSHIP WAIVER**  
Environmental Health Division  
5050 Commerce Drive, Baldwin Park, CA 91706  
[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh)  
(888) 700-9995



A responsible person may request a hardship waiver of the requirement to deposit the amount of the administrative fine prior to the administrative hearing. The hardship waiver must be filed at the same time as the request for an administrative hearing **within 10 calendar days** of the issuance of the citation. This **Request for a Hardship Waiver must include a sworn affidavit (a written and notarized statement), supporting documents or materials, demonstrating your financial inability to pay the citation fine.**

Administrative Citation #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Name: \_\_\_\_\_

Violation Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

List your reason(s) for a hardship waiver and attach any supporting documents and materials, along with a sworn affidavit:

Amount of administrative citation penalty: \$ \_\_\_\_\_

I hereby request a hardship waiver and certify that the above statement is true and correct and have attached the following:

- ☐ Sworn affidavit.
- ☐ Supporting documents and materials.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form along with the issued citation to:**  
**Attention: Program Enforcement / Request for Hardship Waiver**  
County of Los Angeles Department of Public Health  
Environmental Health Division  
5050 Commerce Drive, Second Floor  
Baldwin Park, CA 91706