

City of Walnut Creek

Walnut Creek Citation Processing Center
P.O. Box 10479, Newport Beach, CA 92658-0479, (866)783-1929

REQUEST FOR PAYMENT PLAN

Name: _____ DL#: _____

License Plate: _____ Citation(s) #: _____

Registered owners have an option to enroll in a Standard Payment Plan or a Low Income Payment Plan Indigent Payment Plan Proof of low income status must be provided. Please review plan terms and conditions.

Customers requesting enrollment in the low income payment plan must provide one of the following (A, B or C):

(A) Proof of income. Please provide your three (3) most recent pay stubs.

A.1. My monthly income amount is \$ _____.

A.2. Number of people residing in the household: _____.

(B) Must provide Verification of Benefits Form for Public Assistance, or Award Letter for Social Security. Please check the boxes that apply.

Employment

In-Home Supportive Services (IHSS)

Food Stamps

General Relief (GR), County Relief or
General Assistance (GA)

Supplemental Security Income

Medi-Cal

California Work Opportunity (Cal Works)

(C) If a person has no income or does not receive public assistance, a copy of their annual earnings from the Social Security Department is required.

Standard Payment Plan - \$25 due at sign up

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT
\$90 - \$150	3 months	\$30
\$151 - \$450	4 months	\$40
\$451 - \$1,000	4 months	\$120

- Maximum number of Payment Plans per year is 2. Maximum amount of fines and penalties enrolled is \$1,000 per year.

Low Income Payment Plan - \$5 due at sign up

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT
Up to \$450	Up to 18 months	\$25
\$451 and above	Up to 18 months	\$50

- No limit of Payment Plans or fine amounts.
- Citations must be enrolled within 60 days of issuance or 10 days after hearing determination, whichever is later.
- Citation late penalties are removed at time of enrollment. Late penalties are reinstated if plan is not completed.

I certify that all statements are true and correct. Any false or incomplete information may subject me to forfeit my rights to a payment plan.

Signature: _____ Date: _____

Please return this form along with your supporting documents to: City of Walnut Creek, Citation Processing Center, P.O. Box 10479, Newport Beach, CA. 92658

Department Use Only

Payment Plan: Granted Denied

Signature: _____ Date: _____