



City of Rio Vista  
1 Main Street, Rio Vista, CA 94571  
Phone 707-374-6451 – Fax 707-375-2560  
[www.riovistacity.com](http://www.riovistacity.com)

## REQUEST FOR AN ADVANCE DEPOSIT HARDSHIP WAIVER

---

The recipient of a City of Rio Vista Water Department Notice of Water Violation may request an advance deposit hardship waiver.

Only the person named on the water account, i.e., the “Customer” may request an appeal and sign this form.

In order to qualify for an Advance Deposit Hardship Waiver, this form must be filled out completely and the form received by the City of Rio Vista at 1 Main Street, Rio Vista, CA 94571, within thirty (30) calendar days from the date the Notice of Violation was served.

Upon receipt and review of satisfactory evidence, the Director of Finance or designee may waive the requirement of an advance deposit. It shall be accompanied by a sworn declaration, together with any supporting evidence demonstrating the person’s actual financial inability to deposit the full amount of the fine in advance of the hearing (Section 1.16.80 (c)).

If the Director of Finance or designee determines not to waive the advance deposit, the person shall remit the deposit to the City of Rio Vista within ten (10) calendar days of the date of the notice of that decision in order to secure the hearing (Section 1.16.80 (d)).

The Director of Finance or designee shall issue a written determination listing the reasons for determining to issue or not issue the Advance Deposit Hardship Waiver. The written determination of the Director of Finance or designee shall be final, subject only to judicial review as provided by law (Section 1.16.80 (e)).

This form shall only be deemed complete if all the requested information is provided.



City of Rio Vista  
1 Main Street, Rio Vista, CA 94571  
Phone 707-374-6451 – Fax 707-375-2560  
[www.riovistacity.com](http://www.riovistacity.com)

## REQUEST FOR AN ADVANCE DEPOSIT HARDSHIP WAIVER

---

Today's Date: \_\_\_\_\_ Customer Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Violation#: \_\_\_\_\_

State the basis for your request for hardship waiver: \_\_\_\_\_

---

---

---

---

---

---

---

---

I certify that I am the customer named above and certify that the information on this form is true and correct.

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

For Official Use Only

Approved: Yes  No

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

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

Reason for denial: \_\_\_\_\_