

## FINANCE DEPARTMENT CITY OF CULVER CITY

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

PH (310) 253-5890

FAX (310) 253-5880

## REFUSE PENALTY WAIVER REQUEST FORM

MAXIMUM ONE PENALTY PER ROLLING TWELVE (12) MONTH PERIOD

ACCOUNT INFORMATION		Parties of the region of the r		eder en et et et et et	
			Today's Date:	10/10	23
Account Number: 2480063	MANAGE AS JOSEPH STATE OF THE S				1
Name on the Account: SRM Construction					
Service Address: 1141 Washington Bl					
Amount of penalty requesting to be waived: \$ 10,820.21 Invoice Number: 638776					
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.					
The invoius are received late at our office after being multed.					
We are an honest and valuable customer. A \$10K+ penalty					
seems extremely high-for being a ten days late. Thank you					
Additional explanation can be attached to form.					
IN ORMATION ABOUT YOU					
Your Name:   Dhnittunsaker					
Contact Phone: 509. 723.9603   Contact E-mail:   Onni@ Stmdevelopment.col					
AGREEMENT					
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, DMN i Thursdeet above, and the account holder for the account noted above, and					
by signing my name here to do affirm that the above statement is true and correct. If any information I provide is found to be					
false and/or misleading, the waiver of the penalty will not be granted. I understanding this process may take up to two weeks					
to be resolved during which my account (s) must remain in good standing.					
Signature: Date: Date:					
OFFICE USE ONLY					
Received by:	Date:	Last Penalty Waived	on:		
		Penalty Waiver Req			
Approved by:	Date:	Approved. Per	1500		
Processed by:	Date:	Denied. Reaso	n:		