



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**

Today's Date: 09/20/2023

Account Number: 2123060

Name on the Account: Keter Environmental Services

Service Address: 6000 Sepulveda Blvd, Culver City, California 90230

Amount of penalty requesting to be waived: \$ ~~34870.22~~

Invoice Number: 637122

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.**

Invoice # 635469 was paid late due to weights reflected on the invoice not matching previously approved weights

obtained from Keter. The weights had to be investigated and updated in internal records and software prior to payment. This caused the delay and the late payment

of five business days. Every effort was made to not make this payment late and Keter requests a refund of the penalty. Keter will give the City of Culver payments higher importance going forward to avoid further penalty's.

Additional explanation can be attached to form.

**INFORMATION ABOUT YOU**

Your Name: Stacey Metz

Contact Phone: (317) - 884-8428

Contact E-mail: smetz@keteres.com or dsweet@keteres.com

**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, Stacey Metz, am 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: Stacey Metz

Date: 09/20/2023

**OFFICE USE ONLY**

Received by:

Date:

Last Penalty Waived on:

Approved by:

Date:

Penalty Waiver Request Status:

Approved. Penalty Waived: \$ \_\_\_\_\_

Processed by:

Date:

Denied. Reason: \_\_\_\_\_