

NOTICE OF CIVIL PENALTIES DUE

Initial Invoice
 Final Notice
 Date Sent _____

INVOICE NO. _____
 REGIONAL OR COUNTY OFFICE NUMBER _____

FACILITY NAME		
PHYSICAL ADDRESS		
CITY	STATE	ZIP CODE
MAILING ADDRESS		
CITY	STATE	ZIP CODE

FISCAL YEAR	DATE LIC 422 SENT
FACILITY TYPE	PENALTY PCA CODE

FACILITY NUMBER

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
ADDRESS		
CITY	STATE	ZIP CODE

SUPERVISOR APPROVAL	
TITLE	DATE

On _____^{DATE} your facility was found to be in violation of one or more sections of the California Health and Safety Code.

See attached LIC 421 series form. As a result, you were assessed the following amount:

Penalty Amount Originally Assessed:	(DATE)	\$
Penalty Amount Amended:	(DATE)	\$
Payment Received:	(DATE)	\$
Balance Due:		\$

Send a copy of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**. Please write your invoice and facility number(s) on your check.

To: CIVIL PENALTY COORDINATOR

FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:

- **SEIZURE OF PERSONAL INCOME TAX REFUNDS**
- **LICENSE DENIAL, SUSPENSION, OR REVOCATION**
- **COURT ACTION**