FEE WAIVER REQUEST FORM

Date____________

I hereby request a waiver of ____ (50%) _____ (100%) of the Environmental Health Fee in the amount of $_______ for environmental services received. I request this Waiver in view of the fact that our organization is:

____  Charitable non-profit
____  Governmental receiving more than 50% of operating funds from general tax revenues

FOR A CHARITABLE NON-PROFIT YOU MUST ATTACH THE FOLLOWING:

____ A copy of your INTERNAL REVENUE EXEMPTION DOCUMENT 501 (C) 2 OR 3

For those entities requesting 100% waiver of Environmental Health Fees, you must also provide documentation that your organization’s annual expenses are $50,000 or less. In these cases, please also include:

____ A copy of a completed Internal Revenue Service Form 990, 990-EZ, 990-PF, 990-N

OR

____ A copy of your organization’s annual financial statement.

(Please print)

Services rendered: __________________________________________________________

Location: ___________________________________________________________________

Fee required: _________ Organization Name: __________________________________________

Mailing Address: _____________________________________________ Phone #__________________

Signature & Title: _______________________________________________________________

Print Name: ________________________________________________________________

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY:

☐ Recommend _____________
☐ Deny ________________

DATE: ______________________________

This Department has found your request for Waiver to be in order and hereby issues a Waiver for ____50% ____100% of the payment of this and future Environmental fees under the condition that your organization is and remains:

____  Charitable non-profit
____  Governmental receiving more than 50% of operating funds from general tax revenues.
____  Operating with annual expenses of $50,000 or less – proof provided.

Sincerely,

Michael D. Mendoza, MD, MPH, MS
Commissioner of Public Health

Rev 3/2017