CITY OF VALDEZ FEE WAIVER REQUEST FORM

BUSINESS/NON PROFIT/INDIVIDUAL NAME: Valdez Medical Clinic, LLC
ADDRESS: 1001 Meals Avenue
PHONE: 907-835-4811
TYPE OF FEE WAIVER REQUEST: Lease Fee
AMOUNT OF FEE WAIVER (NOT TO EXCEED AMOUNT): $ 100,000

REASON FOR FEE WAIVER REQUEST

- FIRE:_____
- REQUEST DURING DECLARED EMERGENCY:_____
- OTHER HARDSHIP (DESCRIBE):_____
- PUBLIC PURPOSE OF FEE WAIVER: Need to provide established Physicians relief due to shortages in health care particularly after COVID.

CITY STAFF HANDLING FEE WAIVER REQUEST: Mark Detter, City Manager

DATE OF REQUEST: 2/9/23