



**CITY OF VALDEZ FEE WAIVER REQUEST FORM**

**BUSINESS/NON PROFIT/INDIVIDUAL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**TYPE OF FEE WAIVER REQUEST:** \_\_\_\_\_

**AMOUNT OF FEE WAIVER (NOT TO EXCEED AMOUNT):** \$ \_\_\_\_\_

**REASON FOR FEE WAIVER REQUEST**

- FIRE: \_\_\_\_\_
  - REQUEST DURING DECLARED EMERGENCY: \_\_\_\_\_
  - OTHER HARDSHIP (DESCRIBE): \_\_\_\_\_
  - PUBLIC PURPOSE OF FEE WAIVER: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**CITY STAFF HANDLING FEE WAIVER REQUEST:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_