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 return forms to:
Monroe County Dept. of
Public Health
111 Westfall Rd. Room 1020
Rochester, NY 14620

(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 1/2017