



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: _____

Organization Name: _____

Mailing Address: _____

Phone # _____

Print Name & Title: _____

Signature: _____

Please return forms to:
Monroe County Dept. of Public Health
111 Westfall Rd. Room 832
Rochester, NY 14620

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,

Marielena Vélez de Brown, MD, MPH
Acting Commissioner of Public Health