



LATE FEE WAIVER REQUEST FORM

Facility ID #	
CERS ID #	
Invoice #/Due Date	
Name of Business	
Facility Address	
Mailing Address (if different)	
Date of Request	
Amount of Waiver Request	
Reason for Waiver Request:	

Name: _____ Signature: _____ Date: _____

Title: _____ Phone #: _____

Submit request and any supporting documentation to:

Hazardous Materials & Waste Program
Fee Waiver Request
49 South Van Ness Avenue, #600
San Francisco, CA 94103

You may also fax the request to **Hazardous Materials & Waste Program** at **(415) 252-3910** or email to **hmupa.dph@sfdph.org**.

A written decision and an invoice, if applicable, will be sent to the mailing address listed above. If you have any questions regarding this process, please contact the Program at (415) 252-3800.

SFDPH OFFICE USE ONLY	
Waiver #:	Granted: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Denied
	Comments:
Processed by:	Date: