



**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 (i.e. why the invoice could not be paid or the CERS submittals could not be completed by the original deadline):	

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Submit the Late Fee Waiver Request Form and any supporting documentation to your district inspector via email. For questions or assistance, please call **(415) 252-3800** and select the option for the **Hazardous Materials & Waste Program**.

A written decision and an invoice, if applicable, will be timely sent via email to the requester following submittal.

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