London N. Breed, Mayor Grant Colfax, MD, Director of Health

> Patrick Fosdahl, MS, REHS Director of Environmental Health

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 Requ	uest	
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.		
SFDPH OFFICE USE ONLY		
Waiver #:	Granted: Full Partial Denied	
	Comments:	
Processed by:		Date:

HAZARDOUS MATERIALS & WASTE PROGRAM
49 South Van Ness Avenue, #600, San Francisco, CA 94102
Phone 415-252-3800