

SUBMIT TO:
 Board of Supervisors
 575 Administration Dr. 100A
 Santa Rosa, CA 95403

COUNTY OF SONOMA

Fee Waiver Request Form

For Board of Supervisors Use Only

1. Contact information for individual requesting fee waiver:

Name: _____
First Middle Last

Mailing Address: _____
Number Street City State/ZIP

Phone: _____ Email: _____
Area Code/Number

2. Name of organization or entity for which fee waiver is requested:

Name: _____

Mailing Address: _____
Number Street City State/ZIP

Phone: _____ Email: _____

3. Please indicate by check mark the supervisory district in which the organization or entity submitting this request is located, where the project/activity/event will be held, and the district office to whom you would like to submit this request:

Board Member and District	Valerie Brown District 1	Mike Kerns District 2	Shirlee Zane District 3	Paul Kelley District 4	Efren Carrillo District 5
Entity or organization location (select all that apply)					
Project/activity/event location (select all that apply)					
District office to receive request (select only one)					

4. Type of organization or entity for which the fee waiver is requested:

City
 School
 Special District
 Non-profit or CBO
 Other Local Government
 Individual

Other Fees (please specify): _____

5. Please provide a description of the project/activity/event for which a fee waiver is being requested on a separate sheet of paper. Please include the type of project/activity/event, the number of individuals who will participate or be served, etc.

6. Please indicate if this is a one-time or annual event: One Time Annual

