

Fee Waiver Request Form

Agency Name: _____

Name of Person Requesting: _____

Date of Event:_____

Time of Event: _____

Please specify your agencies necessity/reason for waiving the DDRB's scheduled fee for your event.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

☐ I understand and agree that submitting this form does not automatically waive the DDRB scheduled fees associated with my event. Scheduled fees are not considered waived until a confirmation from a DDRB staff member has been received.

Printed Name

Signature

Date _____