



Campus Health Service
P.O. Box 872104
Tempe, AZ 85287-2104

REQUEST FOR WAIVER OF PERMIT FEES

Name of Organization:

Address:

Contact Person:

Telephone No.:

FAX No:

Brief statement of how the permit fee will cause financial hardship:

Please return this form along with a copy of your 501 (c) 3 tax exempt status from the IRS to:

Michael Britt, Manager, Food Safety & Health Sanitarian
ASU Health Services
P.O.Box 872104
Tempe, AZ 85287-2104

Telephone: 480-965-6853
Fax: 480-965-8914
Email: Michael.Britt@asu.edu