



ASU Food Safety and Health
P.O. Box 870901
Tempe, AZ 85287-0901

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:

Food Safety and Health

ASU Memorial Union
P.O. Box 870901
Tempe, AZ 85287-0901

Telephone: 480-965-6853

Email: michael.britt@asu.edu