



Town of Cathlamet

375 2nd Street – Cathlamet, WA 98612
Tel: 360.795.3203 - Fax: 360.795.8500

LATE FEE WAIVER REQUEST FORM

REQUESTOR'S INFORMATION

Company: _____

Date: _____

Last Name: _____

Physical Address: _____

First Name: _____

Mailing Address: _____

Phone No.: _____

Email Address: _____

Acct #: _____

Fee Amount: \$ _____

Have you previously requested a late fee waiver?

☐ Yes ☐ No

Why do you
need this
waiver?

DISCLAIMER

In making this application I affirm that the information I provided is true and correct to the best of my knowledge. Any persons making knowingly false statements on any such application form shall be subject to a \$100.00 additional surcharge in addition to any other penalties that may be provided by the laws of the State of Washington. (ORD. 434)

SIGNATURE: _____

DATE: _____

***** FOR OFFICE USE ONLY*****

Received

Stamp:

BY: _____

Signature / Title

☐ Approved ☐ Denied, Explain: _____

BY: _____

Date: _____

Signature / Title

EMAIL COMPLETED FORMS TO: marilou@townofcathlamet.com