APPLICATION FOR THE REMISSION OF LATE FEE ON SEWER

Date Received by Auditor

Date Received by Commissioner

Sewer customer instructions: **Complete the front of this form and file it with the county auditor**. If applicable, attach a copy of evidence to the form. If a late fee has accrued for more than one billing, a separate application for each late fee must be completed.

Customer Name: _____ Customer ID#_____Parcel #_____
Amount of Late Fee $_____Bill # _____ Service Location_____
Date bill was due _____ Date bill was paid _____
Reason(s) for request of waiver of late fee:_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I attest that the statement above is true and accurate.

_____
Signature

_____
Date

_____
Phone Number

_____

_____
Address

To be completed by Commissioners

☐ Granted
☐ Denied
Reason for Denial: _____
_____
_____

_____
Signature

_____
Signature

_____
Signature