PENALTY WAIVER REQUEST

Name: _____

Acct No.: _____

Fiscal year(s) requesting be waived: _____

Reason for penalty waiver request (per NRS 361.4835 “must be as a result of circumstances beyond the persons control and occurred despite the exercise of ordinary care and without intent”). Attach any backup documentation.

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Signature Date

_____ _____

Print Name/Title Telephone #

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Email Address