

**Fee Waiver Request Form**

ODHS Public Records

|  |
| --- |
| **Requestor Information** |
| Name: First Last:Click or tap here to enter text. |
| Email Address or Mailing Address:Click or tap here to enter text. |
| Phone Number:Click or tap here to enter text. | Date of Request:Click or tap to enter a date. |
| Request:Click or tap here to enter text. |

|  |
| --- |
| **Fee Waiver Justification** |
| Purpose for which the requesting party intends to use the information/records requested:Click or tap here to enter text. |
|  |
| Specific ability (and plans) of requesting party to disseminate the information to the general public:Click or tap here to enter text. |
|  |
| Explain how dissemination of the records/information requested will benefit the general public:Click or tap here to enter text. |
|  |
| Please list any other information you feel would be valuable in evaluating fee waiver/reduction request:Click or tap here to enter text. |

|  |
| --- |
| **Public Records Unit Use ONLY** |
| Decision: [ ]  Approved [ ]  Denied [ ]  Reduced |
| Reasoning:Click or tap here to enter text. |