# Request for Waiver

Name: _____ Date: _____

Address: _____

Phone Number: _____

Email: _____

Please state reason for waiver request:

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Print Name: _____

Signature: _____ Date: _____

**Please submit the completed Request for Waiver to:**

Robin Hodgkin, Director
Imperial County Public Health Department
935 Broadway
El Centro, CA 92243
or
Email: robinhodgkin@co.imperial.ca.us
or
Fax: (760) 352-9933

Imperial County Public Health Department, Division of Environmental Health
797 Main Street, Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org