Request for Waiver

Name:/Business Name(if applicable):_____
Address: _____ City: _____ State: _____
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:

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