



Mail to: Division of Corporations & Charities
Attn: Waiver request
PO Box 40234, Olympia, WA 98504

Request for Waiver of Penalty Fees
(Note: filing fees cannot be waived or refunded)

- Reinstatement Penalty Fee
- Delinquency Fee / Late Filing Fee

This Box For Office Use Only

Tracking ID Number:

Penalty Fee Waiver Request
Per RCW's and WACs

NAME OF BUSINESS OR CHARITABLE ORGANIZATION MAKING REQUEST:

(As recorded or as presented to the office of the Secretary of State)

UBI Number or Charities Registration Number: _____

MAILING ADDRESS OF ORGANIZATION OR INDIVIDUAL MAKING REQUEST:

Mailing Address _____ City _____ State _____ Zip _____

Printed name of Individual _____ Email address of Individual _____

EXPLAIN THE ISSUE AND WHY THE REQUEST FOR WAIVER IS BEING SUBMITTED:

DATE OF DISCOVERY AND EXPLANATION: _____

PRINTED NAME AND SIGNATURE OF OFFICER/AUTHORIZED PERSON MAKING REQUEST:

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature Printed Name Date Phone

(All waiver requests will become public record when filed)