

**Fee Waiver Request Form**

ODHS Public Records

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| **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. | |

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

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