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SECRETARY OF STATE

Lobbyist Division
1700 Broadway Suite 270
Denver, CO 80290-1702
Phone: (303) 894-2200 Fax: (303) 869-4861

REQUEST FOR WAIVER OF IMPOSED FINE

Requestor is a: Choose one

Requestor's Name:

Requestor's Address:

City: **State:** **Zip Code:**

Phone Number: **Email:**

Due Date of Delinquent Report: **Date Filed:**

Amount of Late Filing Fee:

Was the Delinquent Report an Amendment?: No

After Reviewing the "Procedures and Guidelines for Considering Requests to Excuse or Reduce an Imposed Fine", Identify and Explain the Reason for Late Filing and Attach Supporting Documentation (See Attachment)**:**

PLEASE NOTE: Fines may only be reduced or waived in the case of a "bona fide personal emergency".

I declare and certify under penalty of perjury that the information contained in this Request for Waiver of imposed Fine Form is true, correct, and complete to the best of my knowledge and belief.

Print Name:

Date:

OFFICE USE ONLY			
FORM INFORMATION			
Period Covered:			
Form No:	Due Date:	Date Filed:	Liability: $
WAIVER ACTION			
Waived _____ Fine Reduced _____ Waiver Denied _____	Action Justification/Comment: (circle one) F1 F2 F3 F4 S1 S2		