



THE UPPER HANOVER AUTHORITY PENALTY WAIVER REQUEST FORM

Please complete this form and return to the office:

Full Name Date

Address

Penalty Amount

Reason for Waiver:

Signature: _____ Date: _____

Office Manager or Board to Fill in Below

Approved: _____ Amount Approved: \$ _____

Not Approved: _____

Manager Comments:

Office Manager or Board

Date: