
REQUEST FOR FEE WAVIER

Name of Auxiliary (Dept.) _____

Name of Group Leader _____

Date(s) _____ Time(s) _____

Reason(s) for waiver of fee request:

An Application for Temporary Use of JPLCMC Facilities Form was completed and sent to JPLCMC Administration: Day/Date _____

Signature _____ Date _____

Facility Operations Manager

Executive Administrator

Approved _____ Denied _____

Signature Date _____

Chief of Staff

Approved _____ Denied _____

Signature Date _____