



Department of Professional and Occupational Regulation

REQUEST FOR WAIVER OF FILING FEE

9960 Mayland Drive, Suite 400	Inquiries and Questions: (804) 367-2941
Richmond, VA 23233-1485	TDD: Virginia Relay 7-1-1
E-Mail: cicombudsman@dpor.virginia.gov	Fax: (804) 527-4405
Website: www.dpor.virginia.gov	

WAIVER OF FILING FEE

The Common Interest Community Board may, for good cause shown, waive or refund the filing fee upon a finding that payment of the filing fee will cause undue financial hardship for the complainant. A Request for Waiver of Filing Fee form must be completed and submitted with the Notice of Final Adverse Decision. If a waiver is requested, the Common Interest Community Ombudsman will not review the Notice of Final Adverse Decision until the waiver has been granted or the complainant has submitted a filing fee of \$25.00.

Please complete the Request for Waiver of Filing Fee and submit the form and the completed Notice of Final Adverse Decision to:

Department of Professional and Occupational Regulation
Office of the Common Interest Community Ombudsman
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485



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(PLEASE PRINT LEGIBLY OR TYPE)

NOTE: *The Department cannot guarantee anonymity. By law, all complaints received by the Department are subject to public disclosure once a case is closed. Anonymous Notices of Final Adverse Decision will not be accepted.*

REQUESTOR

Name: _____

Mailing Address: _____

City, State, and Zip: _____

Phone: Home _____ Business _____ Cell _____

E-mail Address: _____

REASON FOR REQUEST

Please use this area to provide an explanation why paying the \$25.00 filing fee would cause you undue financial hardship:

Please use additional pages if necessary and include with the Request for Waiver of Filing Fee

I understand the Notice of Final Adverse Decision will not be complete until I have submitted all required documents and the filing fee. This Request for Waiver of Filing Fee may be submitted in lieu of the filing fee, but this will delay review of my Notice of Final Adverse Decision and there is no guarantee that I will be granted the waiver.

Signature: _____ Date: _____