

Submittal Date.: _____
Reviewed by: _____
Approved Date: _____
Denial Date: _____

APPLICATION FOR PERMIT FEE DEFERRAL

Submit to: Washoe County Health District
Environmental Health Services
1001 E Ninth Street, Building B
Reno, Nevada 89512
(775) 328-2434 FAX (775) 328-6176

Email: healthehs@washoecounty.us

Please note that once the request for deferral has been received it will be processed within 30 days. The applicant will be notified via email regarding the status of the application. If an email address is not supplied, a letter will be sent to the mailing address provided. Application may be submitted via mail, fax or email.

Permit Number: _____

Permitted Facility:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Name of individual requesting fee deferral: _____

Title: _____ Phone: _____

E-Mail (required): _____

Justification for Deferral Request:

Signature: _____ Date: _____

For more information, please contact the Environmental Health Services office at 775-328-2434, Monday through Friday, 8:00 a.m. – 4:30 p.m.