



FEE RELIEF PROGRAM APPEAL FORM

If you believe that you are eligible for the [Environmental Health Services Fee Relief Program](#), and did not receive a credit on your invoice, please complete this form with as much detail as possible. Environmental Health Services will notify you with the eligibility decision within three weeks. Penalties or late fees will not be assessed during the review process.

FACILITY INFORMATION

Facility Name: _____

Business Name (if different from facility name): _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION

Name: _____

Title: _____

Phone Number: _____ May we send text messages to this number? Yes No

Email: _____

APPEAL REASON

My business is in a program element/business category included in the resolution and has been in operation prior to July 1, 2021.

Please indicate the eligible program element/business category that applies to your facility: _____

My business is in an incorrect program element and should be in one that qualifies.

Please indicate what program element you should be in: _____

Other: _____

Please attach any supporting documentation that may assist in determining your eligibility.

By submitting this form, you declare under penalty of perjury under the laws of the State of California that the above information is true and correct and that you are legally authorized to act on behalf of the Business.

Name: _____ Date: _____

Signature: _____