

Conditional Fee Waiver Determination Notice

[Agency/Organization Name]

Date:

Reference No.:

Recipient Information

Name:

Address:

City/State/ZIP:

Case/Service Information

Case Number:

Type of Service Requested:

Conditional Waiver Determination

Your request for a fee waiver has been **conditionally approved**. You are granted a waiver of fees, subject to the following conditions:

Additional Instructions or Notes

Officer/Authorized Official:

Title:

Contact Information:

Signature:

Date: