

C. Certification

I do hereby request that I be considered for a waiver of the payment responsibilities as they relate to this administrative abatement fee. By signing this form, I certify that I meet the criteria for a hardship. I declare that all of the information contained in this document and the attachments are true and accurate. I understand that I may be held liable for any false statements pertaining to this waiver request. I hereby agree to notify the City of Taylors Falls of any changes in the applicant's financial status that may affect the ability to pay the administrative abatement fee.

Signature of Applicant

Date

Printed Name of Applicant