



Request for Waiver of Fee/Interest Charges

SECTION 1: Employer Information

Employer Number _____

Employer Name _____

Street or Mailing Address _____

City, State, and ZIP Code _____

Phone _____

Fax _____

E-mail Address _____

SECTION 2: Provide Date Assessed, Description, and Amount of Fee and/or Interest charges

Date _____

Description _____

Amount _____

SECTION 3: Reason for Waiving Fee and/or Interest Charges (Be very specific)

SECTION 4: Employer Certification

I, _____, hereby certify the information on this Request is true and accurate.
Print Official's Name

Official's Signature

Date

SECTION 5 - Official Use Only

IPERS Staff (initials) _____ Date Received _____

Approved _____ Denied _____ Date _____