

PRINT

RESET FORM

REQUEST FOR WAIVER OF LIABILITY	City of Laguna Beach City Clerk's Office 505 Forest Ave. Laguna Beach, CA 92651 (949) 497-0309
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FILER NAME (Committee / Candidate / Major Donor / Lobbying Entity, etc.)	
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ADDRESS (Number and Street)	TELEPHONE NUMBER
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CITY	STATE	ZIP CODE
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PERIOD COVERED ON STATEMENT OR REPORT	FORM NO.	ID NUMBER
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REASON FOR LATE FILING (Identify and explain the reason for late filing, including all relevant supporting documentation.)
 For reasons the City Clerk's office will consider in determining whether a late filing is eligible for a waiver, refer to our Guidelines for Waiver of Liability of Late Filing Fines at: <https://lagunabeachcity.net/government/city-clerk/fair-political-practices-reporting/guidelines-waiver-liability-late-filing-fines/>

(Continue on reverse or on a separate page)

I declare and certify under penalty of perjury that information on and attached to this Request for Waiver of Liability is true and correct. I hereby request that the Secretary of State's office waive liability for the late filing fine related to the above referenced statement or report.

EXECUTED ON _____, 20____ AT _____ State

Month, Day

City

 Signature of filer, treasurer, responsible officer, or representing attorney

 Type or Print Name

REASON FOR LATE FILING (Continued):

OFFICIAL USE ONLY

Period Covered		Electronic Filing: ___ On Time ___ Not Yet Filed ___ Not Qualified		Non-Filer: ___ 1st ___ 2nd ___ Referred			
Date Due		Form No.					
Date Filed Document ID Liability	ELECTRONIC		PAPER	Reviewer notes:			
\$		\$					
TOTAL LIABILITY			\$				
WAIVER ACTION							
	ELECTRONIC		PAPER				
WAIVED	\$_____		\$_____				
REDUCED	\$_____		\$_____				
DENIED	\$_____		\$_____				