



CITY OF FERNDALE

2095 MAIN STREET / P.O. BOX 936
FERNDALE, WA 98248
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LATE FEE ADJUSTMENT REQUEST FORM

-ONE PER CALENDAR YEAR

By submitting this request, I am acknowledging that I am only eligible to receive one courtesy late fee adjustment per calendar year and that this serves as that adjustment.

Service Address: _____

Account #: _____

Email: _____

Print Name: _____

Phone Number: _____

Signature: _____

Date: _____