

I do hereby request that I, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this transport service fee.

By signing this form I certify that I have no insurance that can be billed for this charge. I declare that all of the information contained in this document and the attachments are true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request.

I hereby agree to notify TI-Rescue of any change in the financial status of the applicant or the responsible party that may affect the ability to pay the Transport Fee.

Signature:

_____ Date: _____

Print Name:

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Further Documentation as needed:

For Office Use

