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NAME SSN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

CITY TAX/SERVICE FEE WAIVER

I hereby certify that I am not subject to withholding of taxes and/or service fees in the city of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and request to have those taxes cancelled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE.