IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
PETITION FOR WAIVER OF CIVIL PENALTY

Reset Form

Name of individual, committee, organization, or client assessed penalty:
_____

Name of person submitting petition: _____

Address: _____

_____

Phone or email: _____

Rule number seeking waived: _____

Due date of report: _____

Date report filed: _____

Amount of penalty: _____

Date Civil Penalty Assessment Order received: _____

Provide the specific and detailed reasons/circumstances that prevented timely filing of the report and that justify a waiver of the civil penalty rule (or attach additional sheet):
_____
_____
_____
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_____
_____
_____
_____

I hereby attest to the accuracy and truthfulness of the information contained herein:

_____ _____
Petitioner's Signature Date

Return completed form to: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th Street, Suite 1A, Des Moines, IA 50319