Reset Form

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

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

_____

Name of person submitting petition: _____

Address: _____

_____

Phone or email: _____

Due date of report: _____

Date report filed: _____

Amount of penalty: _____

Rule imposing 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