

ATTESTATION WAIVER OF SHORT-NOTIFICATION CANCELLATION FEE Extreme Weather Vulnerability

BE ADVISED: Late cancellations directly affect County revenues and are therefore assessed penalties based upon time of notification. By completing this form, you are requesting a date change or a waiver to those late notification fees. Making a false claim will be considered a theft of services which is subject to prosecution.

Check applicable box to acknowledge the statement is true *(check both)*

I declare that a physician has determined an essential member of the party, who is/was scheduled for the duration of this event, will/would experience adverse health effects should/had they attend(ed) **and**

No reasonable accommodation is/was possible

Condition justifying request *(select one)*

Air Quality Index (AQI) above 100

Heat - Temperatures above 100F for at least 2 days, with nights not dropping below 75F

Cold - Temperatures below 20F for at least 24 hours

Confirmation # or facility/site reserved: _____

Date(s) of reservation: _____

Date & time departed park: _____ *(enter "No Show" if applicable)*

I declare that the information I have provided is accurate and true, and that I acknowledge all entries are subject to further verification.

Customer Signature

Customer Name (print)

Date

Failure to complete above sections, in its entirety, may result in denial of request.

Submit completed form no later than 45 days from scheduled check-in date to: 6705 Puget Park Dr. Snohomish, WA 98296; or Contact.parks@snoco.org; or Fax to: 425-388-6645.

OFFICE USE ONLY

Yes No

Date of receipt:

Adjustment approved

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If not approved, Reason:

AQI/Temp:

Amount refunded: \$

Verified by:

or
Date changed to: