



**Waiver Request to Purchase
Bottled Water**

Contractor/Consultant	City Department
Company Name:	Name of Department:
Contact Name:	Name of Contract Administrator:
Contact Phone:	Contact Phone:
Contact Email:	Contact Email:

One-time waiver

Event Date:	Event Location:
Event Details: # of attendees:	Name of Group:

Permanent Waiver

The following must be completed for one-time and permanent waiver requests.

Check one of the reasons for requesting the waiver and provide the appropriate information:

<input type="checkbox"/>	No potable water available for drinking or washing.
<input type="checkbox"/>	Tap water not appropriate for this contract. State reasons:
<input type="checkbox"/>	Other. Describe circumstances:

Signature of Contractor/Consultant

Date

Request Approved Request Denied

Conditions of Approved Waiver (if applicable):

Department Director

Date

Department: File Waiver Requests in central departmental file and email decision to contractor/consultant.