PIMA COUNTY
HEALTH DEPARTMENT

CRITERIA FOR FOOD DONATIONS TO A FOOD BANK – 5% ANNUAL FEE REDUCTION STARTING JANUARY 1, 2018

I, _____ am the owner/manager of _____ located at _____ (address). I regularly donate food items to food banks or agencies that feed the under-privileged. I am requesting a 5% reduction of the annual fees for the following permit numbers _____.

I understand that the reduction is redeemable only at the time of my annual permit renewal. I am required to document the food bank or feeding program for the under privileged, where I donate my products on the work-sheet below.

I understand to receive the reduction, I must have the receiving permitted facility attest to the donations that I make. To qualify for the incentive, this form must be complete and submitted with my permit application. The 5% reduction calculation is for the annual fee and does not apply to any late or plan review fees. This percentage will be rounded to the nearest whole dollar amount as stated in the Board Approved Fee Table.

_____ _____ _____
Owner Signature Name Printed Date

FOOD BANK DONATION FORM

Name of Organization(s) Receiving Donations	Permit Number	Address	Signature of Receiving Party	Printed Name	Date