



## Request to Waive Imposed Penalty

File delinquent report(s). Complete separate form for each penalty.  
Sign, date, and return by email to [lobbyists@coloradosos.gov](mailto:lobbyists@coloradosos.gov).

Professional Lobbyist      Lobbyist Firm      Lobbyist or Firm ID Number:

Name

Address

City

State

ZIP Code

Phone number

Email address

Due date of delinquent report

Date filed

Amount of late filing fee

\$

Explain the reason for the late filing, attaching supporting documentation if available.  
**A separate form must be filed for each delinquent month.**

**Signature**

I declare and certify under penalty of perjury that the information contained in this request for waiver of imposed fine is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date