

**FIRE COMMISSIONER WAIVER OF REMUNERATION  
OR  
REDUCTION IN ALLOWABLE REMUNERATION FORM**

\_\_\_\_\_ **County Fire Protection**  
**District No.** \_\_\_\_\_

TO: District Secretary

1. I hereby waive all claim to remuneration for the period \_\_\_\_\_  
\_\_\_\_\_ (Month/Day/Year) to \_\_\_\_\_  
\_\_\_\_\_ (Month/Day/Year);
2. I hereby waive a portion of the allowable remuneration and  
request my pay for services to the district be limited to \$ \_\_\_\_\_  
per day or portion thereof for the period \_\_\_\_\_  
\_\_\_\_\_ (Month/Day/Year) to \_\_\_\_\_  
\_\_\_\_\_ (Month/Day/Year).

This waiver submitted as authorized under RCW 52.14.010 (Laws of the State of Washington).

\_\_\_\_\_  
Name