

AUTHORIZATION TO WAIVE 24 HOUR DEPOSIT REQUIREMENT

Department/District Name _____

Daily Average Total Monies Received * _____

*(Departments with seasonal activity – use Daily Average during peak season)

Reason for waiver _____

Method used to secure monies (i.e. Deposited in a Bank? Locked in a safe? etc.)

Deposit Frequency Requested (not to exceed one week from date of receipt)

Certification:

I hereby certify that prior to deposit with the County Treasurer, all money received will be held with proper safekeeping and proper theft protection to reduce risk of loss of funds, in accordance with RCW 43.09.240.

Authorized Department or District official

Date

APPROVED: **YES** _____

NO _____

Steven N Oliver, County Treasurer

Date

Special Conditions:

Reason if not approved: _____