

Request for Variance



Mason County EMS and Trauma Council

Date: _____
To: Dr. Hoffman
From: District
Re: _____
Class: _____

Variance Information

Dr Hoffman,
District _____ is seeking a variance in order for _____
to attend the _____ class. The class starts on _____ .
The reason for this variance is

_____ .

Acknowledgement

Signature(s) Attendee	Date
Agency Representative: _____	_____

Email form to Dr. Hoffman at hoffmanjoe@comcast.net.

Resolution

Variance Granted Variance Denied