

Submit this form
No fee

STATE OF OREGON
Corporation Division – Notary
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
503-986-2593
FAX 503-986-2300
FilingInOregon.com/notary

This Space For Office Use Only

NOTARY PUBLIC WAIVER OF FEES

COMPLETE ALL SECTIONS. PLEASE TYPE OR PRINT LEGIBLY IN **BLACK** OR DARK BLUE INK.

Notary Commission No:

Commission Expiration:

Notary Commission Name:

Mailing Address where notary materials should be mailed
(Include city, state, zip)

Daytime Phone Number & Extension:

()

I wish to rescind the waiver of fees and begin charging for my services.

I wish to waive the right to charge fees for my notarial duties.

Before sending this form in, please check your records to see whether you actually signed the fee waiver when you originally applied. **We do not send acknowledgment letters.**

Signature as it appears on Commission

Effective date of change