



CITY OF OSWEGO
Application Fee Waiver Request and Certification Form
For Honorably Discharged Veterans

I request that my application fee(s) for the examination(s) listed below be waived in accordance with the City of Oswego Policy.

Examination Title(s)	Exam No(s).	Examination Test Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A copy of your DD214 showing your Character of Service (typically Member 4) must be attached to this application in order for the fee to be waived.

Candidate's First and Last Name (Please Print)

____-____-_____
Candidate's Social Security Number

Candidate's Signature

Date