

## **Toledo Firefighters Local 92**

714 Washington St.  
Toledo, Oh 43604

Phone: 419-244-8129 Fax: 419-244-2795

### **Residency Waiver**

**If you are a ten year employee and want to submit request for a residency waiver these are the steps Local 92 ask that you follow:**

- 1. obtain an Application:** Dept. of Human Resources One Government Center, Suite 1920 or stop in the Local office M-Fri. 8:00 a.m. – 4:00 p.m.
- 2. make four copies:** Two to submit, one for **your** records and one for **Local 92** to put in your file.
- 3. you can either hand deliver** to: Human Recourses One Government Center, Suite 1920, or **fax** to Human Recourses (419) 245-1511, or **bring** to the office and we will file it for your.
- 4. if you hand deliver** please make sure that you **get** your copy **time stamped** for **your** record and then send a copy of the time stamped request to **Local 92** to be placed in your file.
- 5. if you fax** your request: please keep confirmation and send copy of request and confirmation to **Local 92** to be placed in your file.
- 6. you can come to the office** M-Fri. 8:00 am – 4:00 p.m and we will be happy to process your application for request.

You **may not receive** a written **approval** from the City of Toledo that your waiver has been approved. **Please** follow any of the above methods of request in the event there would be any question of your request.

CITY OF TOLEDO

APPLICATION FOR WAIVER OF RESIDENCY REQUIREMENT  
(To Be Completed in Duplicate)

To: CITY MANAGER  
C/O DEPARTMENT OF HUMAN RESOURCES  
ONE GOVERNMENT CENTER, SUITE 1920  
TOLEDO, OHIO 43604

I hereby make application for a waiver of the residence requirement for municipal employees:

Last Name	First Name	M.I.	Division	City Phone No.
(Title)			Bargain Unit	Yrs. Service
(Present Residence Address)			(City, Zip)	
(Proposed Residence Address)			(City, Zip)	

In support of this application, I hereby set forth the following facts to establish that my non-residence would be in the best interests of the City and that justice to me requires the waiver of the requirement of city residence.

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(Attach all supporting documentation and additional sheet if more space is needed)

This application was filed

Receipt of this application acknowledged By:

Month Date Year

(Name)

Department of Human Resources

Signature of Employee Seeking Waiver