

AWARDING AUTHORITY

**County of Ventura
County Executive Office
800 South Victoria Avenue
Ventura, CA 93009-1940
Phone (805) 654-5027, Fax (805) 654-5106**

LIVING WAGE ORDINANCE

AWARDING AUTHORITY REQUEST FOR NON-COVERAGE OR EXEMPTION

Company Name: _____ Vendor No: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contract / Purchase Order No: _____

Dollar Amount: _____

Type of Service: _____

Please list the reason for non-coverage or exemption. Cite specific Code sections(s) and subsection(s). Attach additional sheets as necessary:

Please attach to this form any documentation that supports your claim for non-coverage or exemption and submit to the above-referenced address.

Approval of this application exempts only the listed contractor from the Living Wage Ordinance during the performance of this contract. A subcontractor performing work on this contract is not exempt unless a separate exemption is approved for the individual subcontractor.

Name of Approver: _____ Title: _____

Department: _____ Phone: _____

Signature: _____ Date: _____

FOR CEO USE ONLY	
Approved:	Not Approved (See attached):
Analyst:	Date: