



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET
NEW YORK, NY 10007

SCOTT M. STRINGER
COMPTROLLER

**APPLICATION FOR WAIVER FROM REQUIREMENTS OF THE
COMPTROLLER'S INTERNAL CONTROL AND
ACCOUNTABILITY DIRECTIVES**

Contact Information

Agency: _____
Contact Person: _____
Address: _____

Telephone: _____
Email address: _____

**1. Directive and section(s) or subsection(s) for which waiver is being requested
(include section citations):**

**2. Explanation of project, activity or undertaking preventing compliance with the
provision(s) for which the waiver is being requested:**

(Over)

3. Explain the circumstances that make compliance with the applicable requirements unfeasible or prohibitive:

4. Describe all efforts to comply with the provision(s) for which the waiver is being requested, or, if no efforts were undertaken, explain why such efforts would have been futile (attach any documentation):

5. Please explain why is it in the best interest of the City to waive the applicable provision(s):

6. Specify effective time period requested for the waiver:

Agency Head Name

Signature

Title

Date