



HENRICOEDA
VIRGINIA • USA

Technology Zone Fee Waiver Application

Company Name: _____

Business Use: _____

Company Address:

Company Contact Information:

Number of New Employees (must be a minimum of 10): _____

Average Salary for New Employees: _____

Total new capital investment (must be a minimum of \$1,000,000):

Please attach any related documentation to the application.

Company Representative Signature

Date: _____

Title

Date: _____

Cari Tretina
Executive Director
Henrico Economic Development Authority