

Western New York – Southern Ontario Repeater Council Post Office Box 93074 Newmarket, Ontario L3Y 8K3



Post Office Box 123 Athol Springs, NY 14010-0123



Waiver Form

I, the undersigned; (name	e)	1s the	present
trustee/owner of the rep	peater (callsign)	which o	operates on the
Frequency of	located in (ci	ity)	
in the County of	do	hereby give WA	IVER to
(name)	located in (city))	
to operate his/her repea	ater on frequency of	/	with the
callsign of	without objection from	n our repeater gr	oup/individual.
	scinded at any time within d interference is being ca		
Signed this day of: (date)			
Signature (name)			
(callsign)			
Phone number			