FACILITY RENTAL FEE WAIVER REQUEST FORM



Organization Name:	COLORAD
Contact Name:	
Email:	
Address:	
Type of Organization:501(c) (3) 501(c) (4)	Other
Please provide a copy of IRS 501 (c) designation	
Date(s) of event:Facility(s) requested:	
Name and Purpose of Event:	
Amount of fee waiver request:	
**Please note that damage deposits are not typically waived a at the time of application.	and those fees should be paid
Printed Name:	
Signature:	
Date:	
Amount Approved: Town Manager: Date:	