FACILITY RENTAL FEE WAIVER REQUEST FORM



Organization Name:	_	COLORAD		
Contact Name:			<u>_</u>	
Email:			_	
Address:			<u>-</u>	
Type of Organization:	501(c) (3)	501(c) (4)	Other	
Please provide a co _l	py of IRS 501 (c) des	ignation		
Date(s) of event:	F	acility(s) requested	d:	
Name and Purpose of Ev	/ent:			
Amount of fee waiver rec	quest:			
**Please note that dama at the time of application		ot typically waived	and those fees	should be paid
Printed Name:			_	
Signature:			_	
Date:				
Amount Approved:				
Town Manager:		 Date:		