



WAIVING OF FEES TEMPLATE

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

DATE OF EVENT: _____

NAME OF EVENT (IF APPLICABLE): _____

HAVE YOU COMPLETED A SPECIAL EVENT APPLICATION? YES NO

FEES REQUESTED TO BE WAIVED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

<u>COSTS</u>	
<i>For Staff Use Only</i>	
(No HST)	Account #52049 Sub-Account:
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
TOTAL:	\$ _____

Treasurer Approval

Signature: _____

Date: _____

Ref # _____ **Permit #** _____

Date processed in Class: _____

Initials: _____