

Date Received:

Wallsburg Town Rental Fee Reduction or Waiver Application

Name of Requesting Organization:		Contact Name:	
Resident Of Wallsburg Town? YES / NO	Resident Of Wallsb	urg Valley? YES / NO	
Email Address:		Phone Number:	
Organization Mailing Address:		City, State, Zip:	
Type Of Request: Fee Reduction	☐ Fee Waiver	Requested Fee: \$	
Date Of Event: Time Of	Event:		
Anticipated Number Of Attendees:	Percentage Of Wallsburg Town/Valley Attendees:		
Description Of Event:			
Is event open to the public? : YES / NO			
Is there a fee to attend? : YES / NO	NO If yes, what is the fee?:		
Is this a charitable event?: YES / NO	If yes, what portion of the proceeds go to charity?		
	If yes, which charit	y(ies)? :	
Building/Location Requested:			
☐ Wallsburg Town Hall ☐ Wallsburg	rg Town Park		
Room(s)/Pavilion(s) Requested:			
Town Hall: ☐ Cultural Hall ☐ Kitchen	☐ Classroom ☐	Other:	
Park: ☐ Indoor Pavilion ☐ Outdoor Pa	vilion 🔲 Rodeo A	rena Other:	
Council at the Town Council meetings w	hich are held monthly.	ise basis by the Wallsburg Town Mayor and Town Fee reduction or waiver requests must be received in of fee reduction or waiver request form does not	
Applicant Signature:		Date:	
Received By:		Date:	
CLERK USE ONLY: Fee Reduce	ed To:	☐ Fee Waived ☐ Does Not Qualify	