FACILITY FEE WAIVER REQUEST FORM

Name of Organization: _______________________________________________________________________________

Mailing Address of Organization: ________________________________________________________________

Telephone Number: _____________________ Email ____________________________

Facility/Park: _____________________ Type of Function: __________________________

Date of Function: _____________________ Time: _____________________ No. In Attendance: ___________________

Please check appropriate boxes:

☐ Social Hall  ☐ Baseball/Softball Field
☐ Activity Room  ☐ Soccer Field
☐ Reserved Picnic Area  ☐ Equipment
☐ Open Space  ☐ Other (Please Specify) ___________________________

Is this function a fundraiser?  ☐ YES  ☐ NO

Has your organization requested any other fee waivers this calendar year?  ☐ YES  ☐ NO

Justification for Fee Waiver:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

I have read and understand the conditions of the Fee Waiver Policy. Non-compliance of the requirement may require the City of Long Beach to bill the group for the full or partial amount of the fees waived. In addition, non-compliance of the conditions may disqualify the group from being granted future fee waivers. Applicant must attend Commission meeting and testify to the Commission in the event of the denial of the Fee Waiver request. Applications must be received by the posted due date in order to be on the agenda the following month. Staff charges cannot be waived.

Name of Contact Person (print): __________________________________________ Title: _________________________

Signature of Contact Person: __________________________________________ Phone: _______________________

Address of Contact Person: ___________________________________________________________________________

FOR DEPARTMENT USE ONLY:

The following fee charge(s) is/are being requested for fee waiver:

<table>
<thead>
<tr>
<th>Fees</th>
<th># of Hrs</th>
<th>Waived Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Rental Fee: $ ___________ X ___________ = $ ___________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Deposit: $ ___________ X ___________ = $ ___________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Charges: $ ___________ X ___________ = $ ___________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permit Fee: $ ___________ X ___________ = $ ___________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Waived Charges $ ___________

APPROVAL:

Parks, Rec & Marine Director: ___________________________ Date: _____________

Bureau Manager Signature: ___________________________ Date: _____________

Registration/Reservations Office Review: ___________________________ Date: _____________

☐ Approved  ☐ Denied ___________________________ Date: _____________

Recreation Commission

FOR OFFICE USE ONLY:

Contract/Permit No. ___________________________ Processed by: ___________________________ Date: _____________

Distribution: Supt-Admin Svcs, Permit Coordinator, Facility Supervisor, Registration/Reservations Office