

CITY OF LONG BEACH, DEPARTMENT OF PARKS, RECREATION AND MARINE

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:

- Activity Room Reserved Picnic Area Baseball/Softball Field
 Social Hall Open Space Soccer Field Other (Please Specify) _____

Is this function a fundraiser? YES NO

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

Have you or your organization contributed more than \$250 to a City Officer in the last 12 months? YES NO

If yes, please fill out the Levine Act Disclosure Statement

(The Mayor, Councilmembers, and Commissioners are prohibited from accepting, soliciting, or directing a contribution of more than \$250 from a party, participant, or their representative during a proceeding and for 12 months following the date a final decision is rendered.)

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 the 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 the 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 to be on the agenda the following month. Staff charges cannot be waived.

Name of Contact Person (print): _____ Title: _____

Signature of Contact Person: _____ Phone: _____

FOR DEPARTMENT USE ONLY:

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

	<u>Fees</u>	<u># of Hrs./Each</u>	=	<u>Waived Charges</u>
Facility Rental Fee:	\$ _____	X _____	=	\$ _____
Permit Fee:	\$ _____	X _____	=	\$ _____
Special Use Fee:	\$ _____	X _____	=	\$ _____
Bounce House Fee:	\$ _____	X _____	=	\$ _____
Other Charges:	\$ _____	X _____	=	\$ _____
Total Waived Charges				\$ _____

Non-Waivable Charge(s):

	<u>Fees</u>	<u># of Hrs./Each</u>	=	<u>Charges</u>
Security Deposit:	\$ _____	X _____	=	\$ _____
Staff Fee:	\$ _____	X _____	=	\$ _____
Maintenance Fee:	\$ _____	X _____	=	\$ _____
Other Charges:	\$ _____	X _____	=	\$ _____
Total Non-Waivable Charges				\$ _____

APPROVAL:

Approved Denied _____ Date: _____
 align="center">Recreation Commission

FOR OFFICE USE ONLY:

Contract/Permit No. _____ Processed by: _____ Date: _____