



Municipality of Central Huron

**APPLICATION FORM
REQUEST FOR WAIVING OR REDUCTION OF FEES
(Maximum \$500/per group/per annum)**

APPLICANT INFORMATION

| | |
|---|--|
| Name of Group or Individual: | |
| Contact Person: | |
| Address: | |
| Phone: | |
| Email: | |
| Which of the following best describes you (check one): | |
| Purpose of Request: | |

ACTIVITY INFORMATION: Please provide the following details regarding the activity your application pertains to.

| | |
|-------------------------------------|--|
| Date: | |
| Location: | |
| Admission/Participation Fee: | |
| Open to the Public? | |
| Anticipated Attendance: | |

FUNDING REQUEST

| | |
|---|--|
| Requested amount to be reduced/waived: | |
| Description of need: Please describe why the reduction/waiving of fee is required. | |
| Have you received any other sources of funding: | |
| Advertising | |

Please mail or drop off completed application to:

Municipality of Central Huron
Attention: Clerk's Department
PO Box 400
23 Albert Street
Clinton, Ontario

Fax to: (519) 482-9183 or email to: info@centralhuron.com

SIGNATURE OF APPLICANT

Upon receipt of your application, confirmation will be provided to the applicant. The applicant will be informed of the decision in writing and if approved, will be required to sign the Municipality's standard rental agreement and will be obligated to comply with any associated guidelines.

| | |
|------------|--|
| Date: | |
| Signature: | |

FOR OFFICE USE ONLY

Meets Criteria

Does not meet criteria

Request approved

Request Denied

| | |
|-------------|--|
| Staff Name: | |
| Date: | |