

**CITY OF LONG BEACH, DEPARTMENT OF PARKS, RECREATION AND MARINE
FACILITY FEE WAIVER REQUEST FORM**

Name of Organization: _____

Mailing Address of Organization: _____

Telephone Number: _____ Fax Number: _____

Facility/Park: _____ Type of Function: _____

Date of Function: _____ Hours: _____ No. In Attendance: _____

Please check appropriate boxes:

- | | | | |
|--------------------------|----------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Social Hall | <input type="checkbox"/> | Baseball/Softball Field |
| <input type="checkbox"/> | Activity Room | <input type="checkbox"/> | Soccer Field |
| <input type="checkbox"/> | Reserved Picnic Area | <input type="checkbox"/> | Equipment |
| <input type="checkbox"/> | Open Space | <input type="checkbox"/> | 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:

Volunteer or in-kind services for the value of the fees waived will be provided by the group as indicated on the back side of this form. 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.

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:

	<u>Fees</u>	<u># of Hrs</u>	<u>Waived Charges</u>
Facility Rental Fee:	\$ _____	X _____ =	\$ _____
Security Deposit:	\$ _____	X _____ =	\$ _____
Other Charges:	\$ _____	X _____ =	\$ _____
Staff Charge	\$ _____	X _____ =	\$ _____
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: _____