



56 Queen Street
Port Hope, ON L1A 3Z9
t: 905.885.4544
f: 905.885.1807
finance@porthope.ca

**Request for Waiving of Fees Application Form
Maximum \$500 Allocations**

Organization Name:		Contact Name:	
Mailing Address:		City/Town:	Postal Code:
Telephone Number:		E-mail address:	
Which of the following best describes your organization:			
<input type="checkbox"/> Community Group			
<input type="checkbox"/> Registered Non-profit Organization		Registration Number: _____	
<input type="checkbox"/> Other (please explain): _____			
Purpose of Request:			
Activity/Fundraiser Date:		Location:	Time:
Do you charge an admission fee or participation fee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			
Is this activity open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What participation numbers are you expecting? _____			
Waived Fee Requested (<i>insert dollar figure and/or describe fees to be waived</i>)			
Please explain in detail, why waiving of fee(s) is required.			



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Does the applicant have other funding sources? Yes No
If yes, please explain: _____

Signature of Applicant: _____ Date: (YYYY/MM/DD) _____

Submit Completed Applications to:
Mail: Municipality of Port Hope, 56 Queen Street, Port Hope, ON L1A 3Z9; or
E-mail: finance@porthope.ca; or
Fax: 905.885.1807

Please note: All applicants will receive confirmation of receipt of application via email. The Municipality will contact you if any questions regarding the application arise. Applicants will be reviewed by staff and Budget Committee (if necessary). Applicant will be advised of the decision in writing once a decision on the application has been made. If approved, the applicant must complete the Municipality's standard rental forms or apply for required licenses/permits.

For Office Use Only

Application meets policy. Application does not meet policy.
Reason: _____

Booking and related fees confirmed through Facility Booking? Yes No

Staff Name: _____ Signature: _____ Date: _____