



# EAST NORRITON TOWNSHIP FACILITY USE FEE WAIVER APPLICATION

Send Completed Forms or Find Answers at:

P: 610-275-2800 F: 610-277-1879 E: info@eastnorritontwp.org W: www.eastnorritontwp.org

## Non-Profit / Community Group Contact Information

*Only Non-profits with 501(c)(3) status and clubs and organizations that provide educational or community program opportunities that are open to the general public and who donate services are eligible for fee waivers*

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

501 (c) (3)  Yes  No

Tax Exempt Form on File with Township:  Yes  No

## Event Information

Event Description: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Requested Facility/Location of Event: \_\_\_\_\_

Requested Percentage of Fees to Be Waived  25%  50%  75%  100%

Type of Event:  Community Event  Fundraiser  Private Event

Other details or comments: \_\_\_\_\_  
\_\_\_\_\_

## Acknowledgements and Disclaimers:

I acknowledge that I am authorized to submit this request by the named organization. I acknowledge that this request and any subsequent approval or denial does not guarantee the availability of East Norriton Township facilities or equipment. I further acknowledge that I have completed all applicable reservation procedures prior to submitting this application and paid all security deposits as applicable.

I further acknowledge that if this request is denied or a reduction of fees is granted the organization, I/my organization must pay all remaining fees by the due date and that all permit and event rules and regulations established by East Norriton Township will be followed.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Township Review:** **Fee Waiver Request**  Approved  Rejected  
**Fee Amount Waived:**  25%  50%  75%  100%  
**Security Deposit Waived:**  Yes  No

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_