

**TOWN OF BROOKHAVEN
DEPARTMENT OF PARKS, RECREATION & SPORTS, & CULTURAL RESOURCES
1130 OLD TOWN ROAD, CORAM N.Y. 11727
451-6100**

**BRIAN X. FOLEY
SUPERVISOR**

**BRIAN PRATT
COMMISSIONER**

FEE WAIVER REQUEST FORM
(Type or Print Clearly)

ORGANIZATION _____

APPLICANT'S NAME _____

EVENT _____

ADDRESS _____ **TOWN** _____ **ZIP** _____

PHONE. NO. (DAYS) _____ **(Cell)** _____

DAY & DATE REQUESTED _____ **IS IT A FUNDRAISING EVENT?** _____

(IF SO, HOW ARE THE FUNDS UTILIZED?) _____

IS THIS ORGANIZATION REGISTERED NON-PROFIT/ NOT-FOR-PROFIT? _____

PROVIDE 501(c) (3) FORM. (PROOF OF CERTIFICATION MAY BE REQUESTED)

DESCRIPTION OF EVENT _____

I UNDERSTAND THIS IS A REQUEST ONLY AND IS SUBJECT TO APPROVAL. IF REQUEST IS DENIED THE ORGANIZATION IS RESPONSIBLE FOR ANY AND ALL FEES THAT MAY BE INCURRED.

SIGNATURE _____ **DATE** _____

For office use only: _____ **AMT REQ** _____

COG _____ **Date** _____ **Received By** _____

Permit # _____ **SF** _____ **Date** _____ **Signature** _____

Approval # _____ **Date** _____ **Signature** _____