TOWN OF DENNIS
NON-PROFIT FEE DISCOUNT APPLICATION FORM

Name of Organization: _____

Non-Profit ID #: _____
(Please attach a copy of non-profit status documentation)

Organization Contact (Name): _____
(Address): _____
(Phone): _____
(Email): _____

Event Description & Summary:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Fee Information				
Fee(s) requested to be discounted	**Fee Cost**	**Department**	**Fee Discount - %**	**Total To Be Paid (if approved)**

Authorization(s) / Recommendation(s) required:

I. Department Head

Granted: _____ Denied: _____

Signature: _____ Date: _____

Name: _____ Department: _____

II. Town Administrator

Granted: _____ Denied: _____

Signature: _____ Date: _____