



Request for Reduction of Fees for Facilities Use



Form 7510 F1

Group Name _____

Facility Requested _____

Type of Reduction Requested *(select one)*

One-Time Request

Name of Event _____

Date of Event _____

Rate Requested _____

On-Going Request for Group

Start-Date of Reduction _____

Rate Requested _____

Reason for Reduction Request _____

Superintendent Approval _____

Date _____

Date of Board Approval _____

Board President Signature _____

Date _____