## **COUNTY OF SONOMA**

SUBMIT TO: Board of Supervisors 575 Administration Dr, Ste 100A Santa Rosa, CA 95403

For Board of Supervisors Use Only

## Fee Waiver/Board Sponsorship Request Form

1.	entact information for individual requesting fee waiver/sponsorship:						
	Name:	Middle		La	st		
	Mailing Address:						
	Phone:  Area Code, Num	Emai					
2.	Name of Community Based Organization, N is requested:	on-Profit, or Governr	ment Agency	y for which f	ee waiver/s	ponsorship	
	Name:						
	Mailing Address:  Number, Stre	eet, Apt/Suite		City	State	Zip	
	Phone:	Email:		,		r	
3. Please indicate by check mark the supervisory district in which the organization or agency submit request is located, where the project/activity/event will be held, and the district office to whom y to submit this request: Susan David Chris James							
	Board Member and District	Susan Gorin District 1	Rabbitt District 2	Coursey District 3	James Gore District 4	Lynda Hopkins District 5	
	Entity or organization location (select all that apply)						
	Project/activity/event location (select all that apply)						
	District office to receive request (select on	lly one)					
4. Type of Community Based Organization, Non-profit, or Government Agency for which the fee waiver/sponsorship is requested:							
	City	Special District		Other	Local Gover	nment	
	School	Non-profit or CBO					
	Other (please specify):						
5.	Please provide a description of the project/ on a separate sheet of paper. Please include	• •			•	•	
6.	Please indicate if this is a one-time or annua	al event:	One Time		Annual		

7.	Type and amount of fee waiver/sponsorship requested. Please list all County fees you are requesting be waived/sponsored in conjunction with this project/activity/event. Please attach a copy of an estimate or receipt from the County Department or Veteran's Building Operator documenting the amount of each fee you are requesting be waived/sponsored.								
	Department Assess	sing Fee	Type of Fee			Amount of Fee			
	If your Community Based Organization, Non-Profit, or Governmental Agency has received a fee waiver/sponsorship for a similar project/activity/event in the past, please list below:								
	Date of Fee Waiver	_	artment sing Fee	Type of Fee		Amount of Fee			
	/ /								
	/ /								
	/ /								
	/ /								
	Does the organization the following sources?			he fee waiver/sponsorship is r	equested receive fu	nding from any of			
	Property Tax			Sales Tax	Special Asse	Special Assessment			
	User Fees								
	Other (please specify	):							
10.	documentation regard	ding the in	ability of the	above, please provide an expl organization or agency to pay n and submit with your reque	the fees which you				
11.	project/activity/event	for which why the fe	you are reques to be wait	an entry fee or be requesting a uesting a fee waiver/sponsorsl ved/sponsored cannot be reco quest.	hip? If so, please pro				
		d Signature / ate		Titl	e	_			