

**NON-PROFIT, CLUB, & SCHOOL  
FEE REDUCTION CONSIDERATION FORM**

**Contact Information**

Name (Person Completing Form): \_\_\_\_\_  
Town Resident: Yes No                      Email: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Organization City/ State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Is your organization a 501c3 Nonprofit? Yes No                      Is your organization tax-exempt? Yes No

How does your organization (nonprofit, club, school, etc.) serve the Town of Delavan and its residents?  
\_\_\_\_\_  
\_\_\_\_\_

**Event Details**

Date of event: \_\_\_\_\_ Times: \_\_\_\_\_ Set-up needed?: \_\_\_\_\_  
Place to be rented (pavilion #, Waters Edge, etc.): \_\_\_\_\_  
Price per fee schedule: \_\_\_\_\_ Amount wanting to pay: \_\_\_\_\_

Name of event: \_\_\_\_\_

Purpose of event (fundraiser, prom, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this event benefit the Town of Delavan and its residents?  
\_\_\_\_\_  
\_\_\_\_\_

Return form to: Town of Delavan Attn: Town Clerk, 5621 Town Hall Road, Delavan, WI 53115  
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**TOWN USE ONLY**

Received by Town: \_\_\_\_\_  
Reviewed by FOP Board: \_\_\_\_\_ Waive FOP fee? No Yes, if yes, will waive \$ \_\_\_\_\_  
Reviewed by PT Com: \_\_\_\_\_ Recommend: No Yes Proposed fee: \_\_\_\_\_  
Reviewed by Town Board: \_\_\_\_\_ Recommend: No Yes Proposed fee: \_\_\_\_\_  
Applicant Notified: \_\_\_\_\_