

City of Los Altos
Fee Waiver Application

Organization Information

Name: _____

Address: _____

Website: _____

Non-profit? Y/N

IRS 501(c)(3) or Franchise Tax Board Non-Profit Number: _____

Civic organization? Y/N

Description of organizational activities: _____

Description of organizational impact on Los Altos community: _____

Contact Information

Contact name: _____

Contact role: _____

Email: _____

Phone: _____

Fee Information

Description of fee waiver request: _____

Description of how program/event will benefit the Los Altos community: _____

Amount Requested: _____