CITY OF RICHLAND CENTER

APPLICATION FOR SPECIAL CONSIDERATION FOR (MARK ONE):



1	
Rental Fee Waiver	Rental Fee Discoun

Applications for fee waivers and/or discounts must be reviewed by the Park Board. The Park Board meets on the second Monday of each month. Request applications must be received by the Wednesday before a meeting to be considered. Submit questions and return your application WITH A COVER LETTER to Park & Recreation Department, 450 S. Main Street, Richland Center, WI 53581 or via email at jodi.mieden@richlandcenterwi.gov.

Name of Group:	In memor	v of marv K	ast	
Address:	1045114	<i>y</i> , , , , , , , , , , , , , , , , , , ,	1 53506	
Contact Name/Phone/Email:		210 amoil icon		65/
Circle Type of Group:	501(c)3	Government Agency	Other- Specify:	
Circle one of these:	Rental Fee Discount	Nac	tal Fee Waiver	
Description of event or purpose for which City of Richland Center facilities will be used:	Benifit for		to make m	oney
Desired date(s)/Times:	11:30 to 4		24	
Desired Facility:	gym-Kitch	, , , , , , , , , , , , , , , , , , , ,		
COMMUNITY BENEFITS				
How many Richland Center residents will benefit from your event? How will they benefit?	Benefit re	esidents with	cancer	
NEED:				
Why is it necessary to hold this event at a City facility?	NeeD at	ig room and	a place that pe	rople
If request is for a Fee Waiver:		f	ida and have:	3 Kids
Explain why paying the fee would be a hardship.	I WORK Be	nders in musc of and I Tust	oda and hove: cant about it.	
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?	NO			
I declare under the penalties of pe knowledge and belief is true, corre	rjury that this application f	or special consideration has be	en examined by me and to the be	st of my
Signature:	Kenny Kast	DE	6°1	
Date of application:	8-13-24			
STAFF USE ONLY				
Est. total value of waiver (\$):	128,00	Park Board Review date:	Approved date:	