

City of Hazen
PO Box 717
Hazen ND 58545-0717

Request for Approval of Free/Reduced City Hall Rent

Applicant Information:

Applicant(s) Name: _____

Applicant(s) Mailing Address (C/S/Z): _____

Name of Organization Hosting Event: _____

Applicant(s) will be charged a Basic Kitchen Fee of \$50.00 (if the kitchen is required)

Date of Event(s): _____

Organization to Benefit from Event: _____

Description of Event: _____

Event Proceeds to be Used For: _____

Additional Comments: _____

Applicant's Signature

Today's Date

City Hall Approval

Approved Date: _____ Approved Benefit: _____

City Auditor

Date

Offer Accepted by Event Host:

Offer Declined by Event Host: