



## TOWNSHIP OF ALNWICK/HALDIMAND

### REQUEST FOR REDUCTION OR WAIVER OF FACILITY RENTAL FEE/CHARGE

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#### Information on Organization or Requestor:

Applicant or Group Name \_\_\_\_\_

Business Number \_\_\_\_\_

Beneficiary of Donation or Fundraising Event (if different from Applicant)

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#### Is this request for facility fee waiver or reduction?

- Waiver  Reduction

Value of Request \_\_\_\_\_

#### Which of the following best describes your organization?

Organization Type:

- Charitable Organization
- Registered Not-for-Profit Organization (please note registration number) or Community Group
- Self-interest Group (i.e. hockey, baseball, etc.) (please specify)

\_\_\_\_\_

Geography:

- Within the Township  Within Northumberland County
- Outside of Northumberland County
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Demographics:

Youth Group/Disadvantaged

Seniors

Other (please specify) \_\_\_\_\_

**Through this event, please describe how this will be a benefit to:**

1. The Community or Public Good

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2. Economic Development within the Community

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Please describe your financial need and requirements for assistance from the Township (please attach financial statements and information about your organization):

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Have you or will you be requesting funding or financial support from either Township Committees/Boards or from the County of Northumberland?

Yes

No

**Event Particulars:**

Date \_\_\_\_\_

Location \_\_\_\_\_

Are you charging an admission fee or participation fee?

Yes  No

If yes, please describe: \_\_\_\_\_

Is this activity open to the public?

Yes  No

What participation numbers are expected? \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ (postal code)

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Please mail completed applications to address below or, Email to:

[rvdm@ahtwp.ca](mailto:rvdm@ahtwp.ca)

Robin van de Moosdyk, CMO, CMMIII, Municipal Clerk  
The Corporation of the Township of Alnwick/Haldimand  
P.O. Box 70, Grafton, ON K0K 2G0

**Date of Application:** \_\_\_\_\_

**Signature of Applicant or Authorized Body:** \_\_\_\_\_