

## Request to Waive or Reduce Facilities Use Fees

This form is required to request waived fees related to use of RCC facilities (facility fees, staff fees and parking fees). Organizations requesting a waiver must submit this request no later than 4 weeks prior to event date.

Date of request: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Organization or RCC/RCCD Department Name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Organization website: \_\_\_\_\_

Event name (will be used to publicize event): \_\_\_\_\_

Date(s): \_\_\_\_\_ Time (s) \_\_\_\_\_

Will there be any fees charged for the event? If yes, list the fees.

How long has your organization been serving the RCC community?

Does your organization have any representatives affiliated with RCCD? No  Yes  If yes, state who and what the affiliation is (i.e. Employee, foundation member)

What is the goal of your event?

How does this align with [RCC's Mission](#) or what benefit is being provided to the community?

(Please add attachment if additional space is needed.)

FOR OFFICIAL USE ONLY			
TOTAL ESTIMATED COSTS \$ _____		EVENT REFERENCE: _____	
<input type="checkbox"/> Waive facility fees	estimated fees \$ _____	reduce by \$/% _____	
<input type="checkbox"/> Waive staff fees	estimated fees \$ _____	reduce by \$/% _____	
<input type="checkbox"/> Waive parking fees	estimated fees \$ _____	reduce by \$/% _____	
Reduction approved in the amount of \$/% _____		<input type="checkbox"/> Request denied. Does not align with RCC's mission	
Event History:			
_____ VP, Business Signature (reduced fees or denied)		_____ President Signature (parking and/or full waiver only)	
Date		Date	
Comments:			