



APPLICATION FOR FEE WAIVER

TO: City of La Cañada Flintridge
Attention: Parks and Recreation Commission
1327 Foothill Boulevard
La Cañada Flintridge, CA 91011

Name of Applicant or Organization: _____

Name of Responsible Party: _____

Address, City, State, Zip: _____

Business Phone: _____ Home Phone: _____

Date for which fee waiver is requested: _____

Reason for fee waiver request: _____

Please list the volunteer projects your organization is willing to perform to assist with the maintenance and improvement of recreational areas in La Cañada Flintridge:

Signature of Responsible Party

Printed Name of Responsible Party

Approved by: _____

Date: _____

Conditions: _____

