



TOWN OF FRAMINGHAM
DEPARTMENT CAPITAL PROJECTS & FACILITIES MANAGEMENT

APPLICATION FOR NEVINS HALL FEE REDUCTION

(Please submit at least 30 days prior to event.)

I. APPLICANT INFORMATION

Event Name: _____

Name of Applicant: _____ Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Is your organization non-profit? Y N If yes, proof of status as defined by IRS code section 501(c)(3) **MUST** be included.

II. EVENT INFORMATION

Date of Event: _____ Day of Week: _____ Expected Attendance (Including Staff): _____

Set-Up Time: _____ Event Start Time: _____ Event End Time: _____ Clean-Up End Time: _____

Fees requested to be waived: Nevins Hall Rental Fee Restoration Fee Surcharge for tickets sold

Please indicate reason for request of fee waiver(s): _____

FOR DEPARTMENT USE ONLY

Facilities Management

Comments: _____

Town Manager

Approved Denied Reason Denied: _____

Fees Being Waived: _____

Town Manager

Date