

CITY OF MONTE VISTA - SKI HI PARK FACILITY
REQUEST FOR DISCOUNT

Name of Contact Person _____

Address _____

City _____ State ____ Zip Code _____ Phone No. _____

Name of Organization _____

Address _____

City _____ State ____ Zip Code _____ Phone No. _____

Type of Business

___ Non-Profit Other _____

Type of Event _____

Date(s) of Event _____

Reason for discount?

Total Rental Cost _____

Requested Rental Cost _____

Signature

Date

Date _____

Approved ____ Discounted Rental Price _____

Denied _____

Signature (City)

Date