

**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