



City of _____
HAWTHORNE
_____ **Florida**

6700 SE 221st Street
PO Box 1270
Hawthorne, FL 32640
Telephone (352) 481-2432
Fax (352) 481-2437

Parks and Recreation Fee Waiver Request

Date of Rental: _____

Requested By: _____

Organization: _____

Contact Phone number: _____

Contact Address: _____

Contact Email: _____

Reason for requesting a fee waiver: _____

Submitting a fee waiver request does not guarantee that fees will be waived. Some fees may only be waived in part. This form must be submitted prior to the scheduled event.

Renter: _____ Date: _____

City Staff Use Only:

Received by: _____ Date: _____