

City of Hazen
PO Box 717
Hazen ND 58545

Request for Approval of Free City Hall Rent

Applicant Information

Date: _____

Applicant Name: _____

Address: _____

Name of Organization _____

Applicant will be charged a Basic Kitchen Fee of \$50.00

Benefit Event Date: _____

Benefit Organization _____

Description of Benefit _____

What the proceeds will be used for:

Additional Comments:

Signature/ Title

Date

Approval for Free City Hall Rent

Approved Date: _____ Approved Benefit: _____

City Auditor

Date

Confirmation of Offer

Status of Offer: ACCEPTED DECLINED