



City Council Fee Waiver Request

Name of organization: \_\_\_\_\_

Event Name/Type: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Requested Meeting Date: \_\_\_\_\_

Every attempt will be made to place this item before Council at the requested meeting. When necessary, items may be scheduled at the next available meeting.

**A representative from your organization should be present at the meeting to address any questions Council may have about your event. You will be notified if your item is not on the requested meeting date.**

Regular City Council meetings are on the second Thursday of each month, beginning at 5:30PM at City Hall, 501 S. Main St. Winnsboro TX 75494.

Deposits are not waived.

Requested Waiver Amount: \_\_\_\_\_

**Facility Rental Fees**

Civic Center.....\$250.00  
Depot .....\$200.00  
Jack Cross Pavilion.....\$100.00  
Downtown Pavilions.....\$100.00

**Facility**

Civic Center  
 Depot  
 JC Pavilion  
 Downtown Pavilions

- Waiver requests must be submitted before Noon (12:00p.m.), Wednesday, eight (8) days prior to date of meeting.
- If you wish to withdraw your request, please notify the City Secretary no later than 5 business days prior to the meeting.
- Once the topic has been presented to the Council, persons may not request that an item be placed on the agenda that is the same as or substantially similar in subject matter for *six months*.
- The City Council may or may not take action on the request.
- Special meetings or workshops may be called as needed.
- Agendas are posted online at [www.cityofwinnsboro.org](http://www.cityofwinnsboro.org) 72 hours prior to the meeting date.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affiliation with organization: \_\_\_\_\_

This request is subject to Open Records under the Public Information Act; however, personal email addresses are considered confidential. Listing your email address below is optional.  
By signing this acknowledgment, the requester is indicating their approval to release their email address should they include it on this request form.



City Council Fee Waiver Request

Please give a brief report of last year's event.

Event Date(s): \_\_\_\_\_

Approximate # of attendees: \_\_\_\_\_

Amount spent on advertising: \_\_\_\_\_

Advertisements placed with:

---

---

Revenue generated: \_\_\_\_\_

Additional information for consideration:

---

---

---

---

---

# City Council Fee Waiver Request

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

---

**INTERNAL USE**

---

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Item # \_\_\_\_\_

Amount Waived: \_\_\_\_\_

Council Decision on waiver request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Andrea Newsom, Mayor

\_\_\_\_\_  
Date

---

12 Month Request History:

Meeting Date:

Approved Amount:

Event Date