



FEE WAIVER REQUEST FOR EQUIPMENT RENTALS

REQUEST: One-time request Registered Business # _____ Individual
 (check all that apply) Multiple requests Charitable # _____ Non-Resident
 Not for Profit

CONTACT DETAILS: (all fields required)

Contact Name: _____
 Organization Name: (if applicable) _____
 Street Address: _____ City/Prov: _____ Postal Code: _____
 Phone number(s): 1st: _____ 2nd: _____ Email Address: _____
 Webpage address: (if applicable) _____

Tell us about your organization:

DETAILS OF REQUEST: (check all that apply)

For individuals, is the request due to economic need? Yes No If yes, attach one of the following documents:
 Notice of Assessment, CPP Statement, or Refugee/Social Assistance case # _____

For organizations, do you have a written agreement or partnership with the City?

Yes No

If yes, please explain: _____

Do you plan on charging admission for the event? Yes No

Do you plan to sell products and/or services at the event? Yes No

What is the event intended for: Recreational Healthy Living Cultural Educational

Please explain:

Is the event targeted for any of the following: At Risk Special Needs Low Income Individuals

Is the event a: Meeting Sporting Event Social Gathering Other: _____

The event is for: Invited Guests Only Open to Community Estimated Attendance: _____

Privacy Statement: This collection of your personal information is authorized by s. 36(1)(b) of The Freedom of Information and Protection of Privacy Act. We will use this information to support the Community Services Department's Recreation Equipment Rentals Program, including how to contact you, compliance with rental obligations, and the fee waiver process, if applicable. Your information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act and will not be used or disclosed for any other purposes, except as authorized by law. Contact the Corporate Access and Privacy Officer by email (fippa@winnipeg.ca) if you have any questions about this collection.

Signature: _____
Electronically signed

Date: _____

