

CITY OF OSSEO COMMUNITY CENTER



APPLICATION FOR SPECIAL CONSIDERATION FOR (MARK ONE):

_____ Rental Fee Waiver _____ Weekly Use _____ Bi-Weekly Use

*Applications for fee waivers and regular weekly or bi-weekly meetings must be reviewed by the City Council. Fee waivers cover rental fees only; the applicant is still required to provide a rental deposit. The Council meets on the second & fourth Monday of each month; requests must be received by the Wednesday before a meeting to be considered. Submit questions and return your application **WITH A COVER LETTER** to Osseo City Hall, 415 Central Avenue, Osseo, MN 55369 or fax at 763-425-2624 or via email at cityhall@ci.osseo.mn.us.*

Name of Applicant:					
Address:					
Name of Contact Person: (if different than applicant)					
Contact Phone: (daytime)		Email address:			
Special Consideration Requested	Rental Fee Waiver	Weekly/Bi-Weekly Use/Event			
Description of event or purpose for which City facilities will be used:					
Desired date(s)/days of month					
Desired time(s)					
COMMUNITY BENEFITS					
How many Osseo residents will benefit from your event? How will they benefit?					
NEED:					
Why is it necessary to hold this event at a City facility?					
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.					
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?					
I declare under the penalties of perjury that this application for special consideration has been examined by me and to the best of my knowledge and belief is true, correct and complete.					
Signature:					
Date of application:					
STAFF USE ONLY					
Est. total value of waiver (\$):		City Council Review date:		Approved date:	