



CITY OF STANLEY

Option Tax Financial Support Request Form

THIS FORM MUST BE FILED FOR ANY FINANCIAL AID REQUESTS

The City of Stanley reserves the right to:

- 1) Process any request for at least thirty days.
- 2) Deny any request for any reason.
- 3) Make payments only after option taxes are collected for that period.
- 4) Demand proof of monies spent.

- *All payments / amounts are subject to final council approval.*
- *Any forms received later than August 28TH will not be processed for the upcoming budget year.*

Date Requested: _____

Business / Organization Name: _____

Permit Number: (Sales Tax # if applicable) _____

Address: _____

Phone: _____

Amount Requested: \$ _____

Monies are to be used for? (Please be specific)

What is the benefit to the City of Stanley or our local community?

I / We the undersigned do hereby swear or affirm the above information is true and correct to the best of my knowledge.

Authorized Signature

Title

Date

Please send white copy to:

City of Stanley
P.O. Box 53 Stanley, ID 83278
Tel: 208.774.2286 / Fax: 208.774.2278
www.stanley-idaho.org