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