



TAHOE CITY PUBLIC UTILITY DISTRICT Community Donation Request Form

Organization Name: _____ Date of Request: _____

Organization's Mission/Purpose: _____

Name of Authorized Representative: _____ E-mail address: _____

Phone Number: _____

Mailing Address: _____

Fed/State Tax ID/Non Profit ID: _____

Name of Event/Program: _____ Location of Event: _____

Date of Event: _____ Time of Event: _____ Estimated # of TCPUD Constituents Served: _____

Estimated Time of TCPUD Facility Use (including set-up/clean-up)? _____

How will your event impact the facility? _____

Facility to remain open to the general public? Y____/N____

Donation Requested: _____

Have you requested a donation from TCPUD before? Y____ / N____ If "Yes" – When? _____

Please provide a detailed description of your event/program? (Within the space provided below)

How does this Community Donation benefit your organization and Tahoe City Public Utility District constituents?
(Within the space provided below)

How will the District be recognized in your program? (Within the space provided below)

Signature (Authorized Rep.): _____ Date: _____

Please allow 45 days for your request to be reviewed and processed.

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For TCPUD Use Only

Approval: _____

Approval: _____

Total Amount of Donation: \$ _____ Date: _____

In-Kind Type: _____ (gift certificate, equipment rental, facility rental, etc.) In-Kind Value: \$ _____

Estimated TCPUD Staff Time: _____ Estimated TCPUD Staff Cost: \$ _____ Donation Form #: _____