CITY OF STANLEY

Option Tax Financial Support Request Form

The City of Stanley reserves the right to:

1. Process any request for at least 30 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.

Business/Organization Name: _____
EIN (if applicable): _____
Mailing Address: _____
_____
Phone: _____ Email: _____

Date Requested: _____ Amount Requested: _____
What will funds be used for? Must be specific. _____
_____
_____
_____
_____

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

Please list any attached documentation: _____
_____

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

City of Stanley
P.O. Box 53 Stanley, ID 83278
208.774.2286
www.cityofstanleyid.gov
cityclerk@cityofstanleyid.gov