

14-1632

RECEIVED
AUG 5 2014
DEPT. OF PUBLIC WORKS

MANITOWOC PARKS DEPARTMENT
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT

Groups or organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of the event. The request will be reviewed by the Parks & Recreation Committee and the group or organization will be notified within 15 days of submitted request.

Paige
8-18-14

A CURRENT FINANCIAL REPORT FOR THE PREVIOUS TWO (2) YEARS INDICATING ALL EXPENSES AND ALL REVENUES OF THE GROUP/ORGANIZATION MUST ACCOMPANY THIS FORM PRIOR TO THE COMMITTEE REVIEWING THE REQUEST.

ALL QUESTIONS MUST BE ANSWERED

Attn: Wendy Lutzke

1. Name of club/organization making request Friends of the Manitowoc River Watershed
Address 75 Maritime Dr. Manitowoc Telephone 684-0218 x 115

2. Names of club officers:
President Kim Kettner / Wendy Lutzke Address S. 15th St. Mtwc. Telephone 920-242-1993 / 920-242-4943
Secretary Amy Fettes Address S. 18th St. Mtwc. Telephone 414-238-3064
Treasurer Jim Kettler Address Cedar View Rd. Cleveland Telephone 920-304-1919

3. Facility requested: Lower Schuette Park pavilion

Equipment requested: Picnic Tables (13) 2 Extra garbage cans

4. Specific dates and hours facility/equipment will be used: Date Sept. 20, 2014 Hrs. 9-4

5. Please explain your request, as to what fees you desire waived or reduced and reasons. We would like the fees waived for picnic tables, and delivery/pickup of tables.

6. Which do you consider your group to be?
A. Community service B. Non-profit _____ C. Private business _____
D. Club or organization _____ E. Other, please explain _____
We have adopted the park and have committed a lot of volunteer hours and grant funding to its upkeep.

7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
Yes _____ No

8. If #7 is "yes," explain and list specific charges _____

9. What will revenues be used for? _____

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No
If "yes," please provide the following information of individual to contact:

Name _____ Address _____ Telephone _____
Signed Wendy Lutzke Date 8/4/14

Please attach any additional information which you feel will assist the committee in evaluating your request.

When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____



CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org



August 5, 2014

To: Alderman Sladky

From: Chad Scheinoha

Subject: **Waiver of fees for Friends of the Manitowoc River Watershed Picnic**

OK
CS

The Friends of the Manitowoc River Watershed has paid to rent the open air shelter at lower Henry Schuette Park on 9/20/2014. They are requesting the use and delivery of 13 picnic tables and 2 additional garbage cans at no charge. The group has adopted lower Henry Schuette Park and has been very active in organizing volunteers to do some light maintenance at the park. They have also been active in obtaining funding for the kayak launch. I recommend that you waive the fees for the use and delivery of the equipment.

SMSR

DPW Streets & Sanitation • Parks • Cemetery

2655 S. 35th Street, Manitowoc, WI 54220 • Fax (920)686-6525

DPW Streets & Sanitation (920)686-6550 • Parks (920)686-3580 • Cemetery (920)686-3570

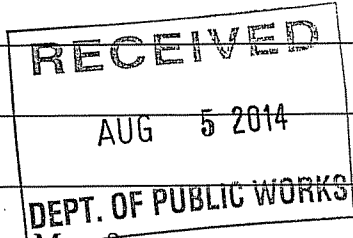


MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

EQUIPMENT REQUESTED (Be Specific)

SB Diamonds _____
BB Diamonds _____
Soccer Field _____
Tennis Courts - How Many? _____
Pool _____



Garbage Cans 2 ~~(20)~~
Picnic Tables 13
Benches _____
Other _____
Staging _____

AREA REQUESTED

Lower Schuette Park pavilion

Number of People ~80?

DATE DESIRED Sept. 20, 2014

TIME REQUESTED 9-4

Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR?

We will be having

a picnic.

PERSON WHO WILL BE RESPONSIBLE Wendy Lutzke

TELEPHONE 920-242-4943

PERSON MAKING REQUEST Wendy Lutzke

TELEPHONE 920-242-4943

ADDRESS 75 Maritime Dr. Manitowoc

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Lakeshore Natural Resource Partnership

ADDRESS P.O. Box 62 Sturgeon Bay, WI 54235

PROVISIONS:

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.

It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.

The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____

SIGNED _____

Wendy Lutzke
(Person Responsible)

APPROVED _____

DATE 8-4-14

DATE _____

Parks or Recreation Manager

ATTENDENT(S) _____

START TIME: _____