



Town of Mansfield

Request for Fee Reduction

Mansfield Community Center/Parks & Recreation
 10 South Eagleville Road
 Storrs/Mansfield, CT 06268
 Tel: (860) 429-3015
 Fax: (860)429-9773

Social Services
 4 South Eagleville Road
 Storrs/Mansfield, CT 06268
 Tel: (860)429-3315
 Fax: (860)429-6863

NAME: _____ PHONE: _____

ADDRESS: _____

OTHERS IN FAMILY OR HOUSEHOLD

NAME	AGE	RELATIONSHIP TO APPLICANT

FAMILY/HOUSEHOLD INCOME (use 2nd page if needed)

Name of Person Receiving	Name and Address of the Source	Amount before deductions: (Documentation must be provided)		
		Weekly	Monthly	Yearly

I hereby apply for a fee reduction and certify the accuracy of the information contained herein in accordance with all provisions of the law and agree to notify the appropriate town department in writing in the event of changes in said information.

Signature: _____ Date: _____

(For Office Use)

Fee Waiver valid from: _____ to: _____ Percentage: 50% 90% (circle one)
 Department of Origin: _____ Rev. 03/04