



SEBASTIAN

Putting people first.

Community Relations Request Form

Date: _____ **Requests Must Be Submitted At Least 6 Weeks In Advance**

Name of Organization: _____

Name of Representative/Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email _____

Amount Requested: _____ Date Needed: _____

Brief Description of Program or Project: _____

Brief Description of Organization's Purpose: _____

In Addition To Filling Out The Above, The Following Must Be Attached:

- A written request on the organization's formal letterhead
- A copy of the organization's 501(c)3 status letter (if applicable)
- A flyer, brochure or print information regarding the request, organization and/or event

Request can be submitted to the following address:

Sebastian, Community Relations, 7600 N. Palm Ave, Fresno, CA 93711

For Office Use Only: Approved Denied

Amount Approved: _____

Comments: _____

Authorized Signature: _____ Date: _____