To help us review your request in a timely manner, please complete the form below in its entirety. The Town of Tazewell frequently receives requests from local schools, clubs, and civic organizations. These requests are reviewed by Town Council at their meetings held the second Tuesday of each month at 7:30 p.m. in the Town Council Chambers at Town Hall, located at 211 Central Avenue, with preference given to projects, events, or fundraisers that specifically benefit town residents. Due to budgetary constraints, not all requests can be fulfilled. Additionally, there will be a delay between submitting your request, its review by Town Council, and your receipt of funding, if approved. A check payment for any approved funding will be mailed to the address entered below. When possible, please submit your request at least sixty (60) days prior to the date of need.

CONTACT INFORMATION							
First No	ame *						
Last No	ame *						
Organization	Name						
	Type * e one)	SCHOOL/SCHOOL CL	.UB/CIVIC	NON-PROFI	T ORGANIZATION	BUSINESS	INDIVIDUAL
Mailing Add	dress *	OTHER					
City, State,	, Zip *						
Ph	none *						
Email Add	Iress *						
SUPPORT REQUEST							
Type of Req. (circle	uest * e one)	SPONSORSH		ONATION	OTHER		
Please provide a summary of your request for Town Council's consideration. Additional documentation welcomed. *:							
Amount Reque	sted *						
Date of Event *				Date Fu	nding Needed		
Number of students or residents living within town limits that are directly impacted by this support request *: Total number of participants in event, if known:							
Presentation Option * YES, I would like to attend a Town Council meeting in support of this request							
	t one)	NO, I will not be attending a Town Council meeting in support of this request					
* If YES, you will be contacted to confirm the date Town Council will consider this request							
* Indicates the information is required to consider your request							
TOWN COUNCIL GUIDELINES FOR SUPPORT REQUESTS, EFFECTIVE 9/12/2023							
# of Participants		on Range					
1 – 10	\$100 - \$						
11 – 50	\$100 - \$						
51 – 150	\$100 - \$						
151 – 500	\$100 - \$			Signature *			Date *
501 & up	Town C	ouncil will discuss		-			
RETURNI DV MAII 3	το ο	R RETURN IN PERSON	TO OP 5	PETLIBNI BV EI	ANII TO OFFICE	F USE ONLY	

Town of Tazewell PO Box 608 Tazewell, VA 24651 OR RETURN IN PERSON TO Town of Tazewell 211 Central Avenue

Tazewell, VA 24651

OR RETURN BY EMAIL TO Susan Reeves tazexeasst@taztown.org

OFFICE USE ONLY Received By: Received On: Reviewed by Town Council On: