



HOT Funds Request Form

Organization Information

Request is made by: NON-PROFIT ORGANIZATION COMMUNITY EVENT CHARITABLE ORGANIZATION

Organization Information

Non-profit/Charitable Status must be attached if applicable

Name of Organization: _____

Point of Contact: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Alternate Phone: _____

Email _____

Date of Event: _____ Projected Revenue: \$ _____

Past Events

Name of Event _____ Date of Event: _____
Community Contribution: \$ _____ Heads in Beds: _____

Reference: _____ Phone Number: _____

Name of Event _____ Date of Event: _____
Community Contribution: \$ _____ Heads in Beds: _____

Reference: _____ Phone Number: _____

Name of Event _____ Date of Event: _____
Community Contribution: \$ _____ Heads in Beds: _____

Reference: _____ Phone Number: _____

Name of Event _____ Date of Event: _____
Community Contribution: \$ _____ Heads in Beds: _____

Reference: _____ Phone Number: _____

Commissioners Court Action

(for office use only)

Approved: _____ Date: _____
(County Judge's Signature)