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| http://www.cityofnewburyport.com/images/seal.jpg | City of Newburyport Office of the Treasurer/Collector |

**REQUEST FOR TRUST FUND GRANT**

**I/We hereby request disbursement from the following available trust fund currently held with the City of Newburyport:**

|  |  |
| --- | --- |
| **Trust Fund Name / Purpose** | **Amount Requested** |
|  |  |
| **Describe specific usage/needs** |
|  |

**Respectfully submitted to the City on: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***date

**By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Requesting individual or organization

**Contact information for the above:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone Number |  |
| E-mail Address |  |

RETURN COMPLETED FORM TO: Office of the City Treasurer/Collector, City Hall, 60 Pleasant Street, Newburyport, MA 01950 or jlanguirand@cityofnewburyport.com

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[ ]  Approved [ ]  Denied

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 Mayor’s Signature Date