



City of Brighton
500 South 4th Avenue
Brighton, CO 80601
303.655.2000 Office
303.655.2170 Fax
www.brightonco.gov

Submittal Cover Page Requirement Form

(This form must be the first page of your Application)

Organization or Team representative must sign below to indicate an understanding of the Submittal Requirements of the application and return with the completed application to City Manager's Office: **Attn: Alisha Janes, Special Assistant to the City Manager, 500 S. 4th Avenue, Brighton CO 80601.**

City of Brighton – Brighton Lodging Tax Application

Organization or Team: _____

501(c) (3) or 501(c) (6) identification number or
Government organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Print Name: _____

Title: _____

Authorized Signature: _____

Date: _____

Grant Amount Requested: _____ Amount of matching funds
And / or in-Kind provided: _____

Total: _____