



RESORT TAX

— BUILDING BIG SKY SINCE 1992 —

2017-2018 ROLLOVER RESORT TAX APPLICATION

Applicant's Official Name: _____

Project Name: _____

Address: _____

Representative: _____

Telephone: _____ Email: _____

Project Start Date: _____ Project Completion Date: _____

Total Rollover Funds Requested \$ _____

State your estimated payment request schedule for the coming year; amounts should total funds requested.
Please enter dollar amounts.

	July '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17
Payment Request \$	_____	_____	_____	_____	_____	_____
	Jan '18	Feb '18	Mar '18	Apr '18	May '18	Jun '18
Payment Request \$	_____	_____	_____	_____	_____	_____

I certify that the application and its attachments are correct to the best of my knowledge.

Signature

Title (Board Chair or Governing Officer)

Printed Name

Date

1) Please explain why this rollover request is necessary and when the funds will be requested in the coming year (400 words max).

2) What is your entity most proud of accomplishing? (100 words max)