



# RESORT TAX

— BUILDING BIG SKY SINCE 1992 —

## 2019-2020 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 '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18
Payment Request \$	_____	_____	_____	_____	_____	_____
	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19
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).**