

City of Oakes
Application for Disbursement of City Sales Tax Funds

Application Date: _____

Organization: _____

Representative: _____

Amount Requested: _____

Reason for Request: _____

City Council Decision

Date 1st Reading _____

Approved _____ Disapproved _____ Tabled _____

If Tabled, Why _____

Date 2nd Reading _____

Signatures:

Mayor

Auditor

Application must be submitted 30 days prior to any action taken