



Byron W. Brown
Mayor

CITY OF BUFFALO
65 Niagara Sq, Room 226 Buffalo, NY 14202

Special Events 2015

Contact Information
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Location Room 226
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Sponsor Post Event Accounting

Please return this form within thirty (30) days of your event.

Email, mail, or fax to the above address.

Name of event _____

Date(s) of the event _____

Number of persons in attendance _____

Did you charge a fee? (yes or no) _____

Gross income received from event \$ _____

Total expenses for event \$ _____

Net income (surplus/deficit) \$ _____

Please describe the use of any surplus funds, including beneficiaries, etc.

Please list any problems incurred in hosting this event in regard to City services.

Please list any other problems incurred in hosting this event.

Ideas/suggestions

Signature _____

Date _____