CITY HALL ROOM RESERVATION REQUEST

Contact Information

Agency Name

Contact Name

Street Address

City, State Zip

Email Address

Phone #

Authorized Signature of Requesting Agency

Date(s) Requested & Purpose

One Time ☐ Specify Date and Time and Purpose

Weekly ☐ Specify Dates and Times and Purpose

Monthly ☐ Specify Dates and Times and Purpose

Annually ☐ Specify Dates and Times and Purpose

Specials needs (i.e. Audio/Visual, etc.)

Requested Room - Please note that agency is responsible for leaving the room clean after use

☐ 244 ☐ 302 ☐ Chambers

INTERNAL USE ONLY

Verification of Availability by City Clerk/Date

City Manager Approval

Date

Entered in Calendar ☐ Applicant Notified ☐ Date