

CITY HALL RESERVATION FORM

Please indicate room choice with (x)

Council Chambers (Limit 60)

Date(s) Requested: _____

Time(s) Requested: _____

Approximate number of people expected to attend: _____

Name/Type of Organization: _____

Purpose of Meeting: _____

Person in Charge: _____

Work Phone: _____ **Home Phone:** _____

Address: _____

Street

City

State

Zip

I have received a copy of and read the Building Room Policy; I understand the building regulations relative to the use of these facilities, and I agree to the requirements as stated in Section K of that Building Room Policy.

Signature of Responsible Person

Date

**City Hall Business Hours are Monday – Friday, 8:00 a.m. to 4:30 p.m.
When reservation is after hours, we ask that you arrive by 4:15 p.m.**

For Office Use Only

Amount Due: If required-Fee: _____ **Date Paid:** _____

Certificate of Insurance Provided: _____

Approved By: _____ **Date:** _____