



COUNCIL CHAMBER RESERVATION FORM

Applicant Information

Name/Organization: _____

Contact Name for Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Fax Number: _____ Email: _____

Is your organization: _____ Governmental
 _____ Non-for-profit
 _____ For-Profit
 _____ Recreation/Sports League

Requested Date _____ Time: _____AM/PM to _____AM/PM

Purpose for Council Chamber: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date: _____

Forwarded to: _____ Date: _____

Reviewed by: _____ Date: _____

Approved: _____ Denied: _____