

City Hall Reservation Form

Please indicate room choice with (X)

Senior Center (Limit 40)

Council Chambers (Limit 80)

Dates(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 and read the City Hall 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 the City Hall Room Policy.

Signature of Person in Charge

Date

For Office Use Only

Amount Due: (If Required) Fee: _____ **Date Paid:** _____

Approved By: _____ **Date:** _____