

CITY HALL BUILDING USE APPLICATION

ORGANIZATION NAME: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Authorized Official:

Address: _____ Phone: () _____

Room Desired: Council Chambers _____ Lower Conference Room

Purpose of Event:

Date(s) and time(s) of Event:

Optional/Additional dates and times:

Number of attendees expected:

Room Usage: The following are not permitted during usage of room:
Rooms cannot be rearranged (including the removal of table & Chairs).
Rooms must be left in clean condition (any and all trash created by the meeting must be removed).
You must leave your meeting at the time you designated on Your room application request.

I understand and agree to abide by the regulations governing the use of the City Hall Council Chambers and Lower Conference Room.

Signature: _____ Date: _____

Title: _____