



ROOM RENTAL REQUEST APPLICATION

Please fill out the following form completely and return with set-up diagram. You may make clean copies of this form and use it for other meeting dates. Please print neatly.

Renter: _____

Billing Address: _____ City: _____ State: ___ Zip: _____

Billing Phone: _____ Billing Cell: _____

Billing Fax: _____ Billing Email: _____

Contact person for rental: _____ Title/Position: _____

Contact Address: _____ City: _____ State: ___ Zip: _____

Contact Phone: _____ Contact Cell: _____

Contact Fax: _____ Contact Email: _____

Requested Room(s): _____

Requested Date: _____ Is this a reoccurring rental? _____
Month Day Year

What is the frequency of the rental? _____
(e.g.: every Thursday, or second Wednesday of each month, etc.)

Requested Event Start Time: _____ Requested End Time: _____
Doors Open Doors Closed

Description of Event: _____
(e.g.: meeting, class, training, etc.)

Attendance: _____ Is there a fee? _____ What is the fee? _____

Name & number of a non-relative reference we may contact: _____

Signature: _____ Date: _____

Office Use Only- Do Not Write Below This Line

Date received _____ Resident ___ Non-Resident ___ Non-Profit ___ Commercial ___ Other ___

Approved: _____ Date: _____