



Council Chambers Reservation Request

Name: _____ Date(s) Needed: _____

Address: _____ Begin Time: _____ End Time: _____

_____ Purpose: _____

Phone # _____ Contact: _____

Space Needed: Full Room (90 Person Capacity) Front Half Back Half

Notes: _____

Signature

Date

Parks & Recreation Representative Signature

Date

All final decisions are at the discretion of the Parks & Recreation Director.