

## **APPLICATION/USE OF FACILITIES FORM**

Name of Applicant		
Name of Organization		
Phone Number(s)	Home/Business	
	Cell	
Email		
Purpose of Meeting		
Date(s) and Time(s) Requested (Include setup time and length of meeting)		
Room preference (1 <sup>st</sup> and 2 <sup>nd</sup> choice)		
Anticipated Attendance	, <del></del>	
Meeting information posted on Town Calendar	Yes No	
arrangement information to Steve O'Hurley a (203) 618-7623 to confirm the requested set-	fic arrangement of chairs and tables are required to <a href="mailto:Steve.OHurley@greenwichct.org">Steve.OHurley@greenwichct.org</a> . The requester up. Requests must be made ahead of time, as statent. Set-up configurations are included in the packet. needed.	must also call ff may not be
	of audiovisual technologies need to specifically requalible equipment is provided on the Conference ich equipment is needed.	
I have read the attached policy; rules and regularies to abide by these policies, rules and regularies.	lations related to the use of the Town Hall conferentations.	nce rooms and
Signature:	Date:	
FOR	R OFFICE USE ONLY	
Date Confirmed	Hold Harmless Received	
Insurance Received	501(c)(3) Received	