

**City of Melissa**  
**Application for Use of the Community Room**

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Closing Time: \_\_\_\_\_

Program Topic: \_\_\_\_\_

Brief Statement about the topic (highlight its purpose): \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number: \_\_\_\_\_ a.m. \_\_\_\_ p.m. \_\_\_\_

I have read and understand the City of Melissa Community Room Policy and I agree to abide by its regulations.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

***For Staff Only***

( ) Approved

( ) Declined

If after hours, off-duty security available yes \_\_\_\_ no \_\_\_\_

Cost for room usage include deposit and security charge \$ \_\_\_\_\_

\* Deposit to be returned upon staff review of no damage, room cleaned, and key returned.

By: \_\_\_\_\_

City Administrator