

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): _____

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 Manager (or designee)