



REQUEST TO USE THE BOARD CHAMBERS

NAME: _____

TELEPHONE NO: _____

ADDRESS: _____

DEPARTMENT/AGENCY/ORGANIZATION: _____

DATE REQUESTED: _____ ALTERNATE DATE: _____

WILL BE THIS A REOCCURRING MEETING, IF SO INDICATE HOW OFTEN _____

PURPOSE OF MEETING: _____

TIME OF MEETING: _____

PLEASE MARK ITEMS BELOW YOU WILL REQUIRE FOR THE MEETING:

LAPEL MICROPHONE__ WIRELESS MICROPHONE____ HEARING ASSISTANCE DEVICE____

ADDITIONAL REQUESTS: _____

SIGNATURE: _____

DATE: _____

FOR CLERK OF THE BOARD USE ONLY

DATE AVAILABLE YES __ NO __

DATE CONFIRMED BY: _____

ITEMS BORROWED:

LAPEL MICROPHONE____ WIRELESS MICROPHONE____ HEARING ASSISTANCE DEVICE____

ALL ITEMS RETURNED: YES _____ NO _____

BOARD ROOM IN CLEAN CONDITION AT END OF USE YES _____ NO _____

IF NOT, PLEASE DESCRIBE _____

VERIFIED BY: _____