

HIGHLAND PARK DEPARTMENT OF COMMUNITY SERVICES
FACILITY USE REQUEST

Date of Request _____

Contact Information

Name _____

Organization _____

Address _____

Phone (W) _____ (H) _____ (C) _____

Fax _____

Event Information

Date _____

Time _____

Number of People Expected _____

How Many Rooms Needed _____

Special Instructions _____

Rooms Requested Room #1____ Room #2____ Room #3____ Room #4____

Room Set-Up will be your responsibility.

(Unless special arrangements have been made in advance.)

List Equipment Needed (e.g., Blackboard, Easel, Screen, TV/VCR, Music, Podium,
Portable Microphone/PA system)

Name of Responsible Party _____

Address _____

Phone (W) _____ (H) _____ (C) _____

Fax _____

Signature _____

Key can be picked up at The Highland Park Police Department.

Office Use Only

Fee _____ Paid _____ Key Given _____ Key Returned _____

Equipment Returned in Good Condition _____

