

CITY OF FLAGSTAFF
Public Works Department

211 West Aspen Avenue
Flagstaff, AZ 86001
928-213-2100



MEETING ROOM RENTAL FORM

Organization Name:

Organization Contact Person (name):

Mailing/Street Address:

City:

State:

Zip Code:

Contact Phone Number:

Meeting Title:

Meeting/Activity Description:

Requested Meeting Date:

Start Time:

End Time:

Requested Meeting Room:

Projector/Laptop (\$20):

Sound System (\$50):

TV/VCR/DVD (\$25):

Set-up Assistance Required:

Explain Set-up Assistance Required (if applicable):

Additional Information/Requests:

Permittee agrees to hold the City of Flagstaff harmless and will indemnify the City of Flagstaff for damages sustained as a result of any injury or property damage for which the City of Flagstaff may be held responsible, as part of this request for use of City Property. Additionally, you, the Permittee, have also read and understand all of the associated policies including the Insurance guidelines, rules, regulations, and conditions of use, as state. Furthermore, you, the Permittee, are stating that you have the insurance in the required amount. This permit is not transferable to any other individual or group.

Applicant's Signature

Date