



## City Hall Meeting Room Application

Today's Date: \_\_\_\_\_

Name of Group or Organization: \_\_\_\_\_

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

Address City State Zip Code

Is this an eligible group as listed on the policy? Yes \_\_\_\_\_ No \_\_\_\_\_

*Eligible Groups include: Charitable organizations in Waukesha that are tax-exempt under Internal Revenue Code §501(c)(3); Social welfare organizations in Waukesha that are tax-exempt under Internal Revenue Code §501(c)(4); Citizen groups composed of Waukesha residents whose purpose is civic or neighborhood improvement, safety, beautification, or cleanliness; City of Waukesha elected officials*

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of your Meeting: \_\_\_\_\_

Time Requested: From \_\_\_\_\_ to \_\_\_\_\_ (include set-up and cleaning time)

Purpose of your meeting: \_\_\_\_\_

\_\_\_\_\_

Room Requested (please specify the room number): \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Do you plan to use the Audio Visual Equipment in the room? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to have food/beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

\_\_\_\_\_

I have read and understand the City of Waukesha's room use policies. I further understand:

- I am responsible for any damage incurred. A damage fee may be charged for actual replacement or repair fees
- A cleaning fee of \$50 per hour may be charged if the meeting space is not left in order.

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

*Application forms should be completed online (Waukesha-wi.gov) or be submitted by mail or in person to the City Clerk's Office (201 Delafield St., Waukesha, WI 53188)*