

CITY COUNCIL CHAMBER
RESERVATION FORM



All individuals or groups reserving the City of Banks Council Chamber are asked to provide the following information. Reservations will not be confirmed until this form has been returned.

Name of individual/group _____

Contact Person _____

Address _____

Telephone (work/home) _____

Nature of meeting _____

Meeting date(s) and time(s) _____

Expected attendance _____

I have received and read a copy of the City of Banks Council Chamber Administrative Procedures and agree to abide by these procedures.

Signature/Date _____

CITY STAFF USE ONLY

After hours use approved _____

Publicity approved _____

Payment information _____