



CITY OF CEDARBURG
W63 N645 Washington Avenue
Cedarburg, WI 53012
Phone: (262) 375-7606
Fax: (262) 375-7906

APPLICATION FOR USE OF CITY HALL MEETING ROOM

Name of Organization: _____

Address: _____
Street City State Zip

Date Requested: _____ Room Requested: _____ Number Expected to Attend: _____

Time (including setup): from _____ to _____

Purpose of Meeting: _____

Person in Charge: _____

Address: _____ Telephone: _____

Signature of Person in Charge

Date

NOTE: Rental of the meeting room should not be considered a sponsorship or endorsement by the City of Cedarburg.

FOR OFFICE USE ONLY

City Action on Request:

Granted: Yes _____ No _____ Date _____ Room No. _____

Fees: Rental _____

Custodian _____

Deposit _____

TOTAL _____

Authorized Signature

Date

Confirming letter sent: _____

Rental Paid: _____