



OFFICE OF CITY MANAGER

**CITY OF FARMINGTON HILLS**  
**APPLICATION FOR ROOM RENTAL**

Today's Date: \_\_\_\_\_ Group/Organization Name: \_\_\_\_\_

Requestors Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Requestors e-mail address: \_\_\_\_\_

**Room(s) requested:**

- |  |  |
|--|--|
| <input type="checkbox"/> Community Room  | <input type="checkbox"/> View Point    |
| <input type="checkbox"/> Council Chamber | <input type="checkbox"/> Fountain View |

Type of activity: \_\_\_\_\_

Number of people expected to attend: \_\_\_\_\_

**Dates requested:**

- Specific date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_
- Multiple dates: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_
- Monthly date (i.e. 3<sup>rd</sup> Wed at 7-9pm) Start time: \_\_\_\_\_ End time: \_\_\_\_\_
- Other: \_\_\_\_\_

Applications for use multiple times per year or on monthly basis shall be completed annually by January 1<sup>st</sup> of the next year.

I have read the City's Facility Use Policy as it pertains to the room(s) I have requested and agree to abide to all terms and conditions outlined in the policy.

Signature of Applicant: \_\_\_\_\_

***Room is not considered booked until confirmation by City staff with the requestor.***

**FOR OFFICE USE ONLY:**

Room confirmed available and requestor notified on: \_\_\_\_\_

**Emergency evacuation map sent on:** \_\_\_\_\_