

Date: _____

Please print all below, above the signature line:

I/we, the _____

wish to use the Ralph C. Norman Conference Room on _____ (date)

during the hour(s) of _____.

for the purpose of: _____.

This meeting will be one time periodic (circle one).

If periodic, list/explain the dates requested: _____

The "person responsible" for this meeting will be: _____.

I, _____,
the person responsible for the above meeting, certify that *I have read and understand the WPLD Meeting Room Policies and will abide by them.*

_____ (signature) _____ (date)

Telephone number of the Responsible Party: _____