

CITY MEETING FACILITY ROOM RESERVATION FORM

Check next to the meeting facility requested:

MEETING ROOM	CONTACT	EMAIL	PHONE
<input type="checkbox"/> Council Chambers	City Clerk	cityclerk@fairbanks.us	459-6702
<input type="checkbox"/> Engineering Conference Room	City Clerk	cityclerk@fairbanks.us	459-6702
<input type="checkbox"/> Chief Of Staff Conference Room	Lauryn Schloemer	lschloemer@fairbanks.us	459-6793
<input type="checkbox"/> Restored Classroom 1 or 2	Lauryn Schloemer	lschloemer@fairbanks.us	459-6793
<input type="checkbox"/> Gymnasium	Lauryn Schloemer	lschloemer@fairbanks.us	459-6793
<input type="checkbox"/> Felix Pedro Conference Room	City Clerk	cityclerk@fairbanks.us	459-6702
<input type="checkbox"/> City Hall Training Room	Lauryn Schloemer	lschloemer@fairbanks.us	459-6793
<input type="checkbox"/> Fire Dept. Conference Room*	Victoria Legerat	vlegerat@fairbanks.us	450-6600
<input type="checkbox"/> Police Dept. Briefing Room	Judy Binkley	jbinkley@fairbanks.us	450-6510
<input type="checkbox"/> Police Dept. Conference Room	Judy Binkley	jbinkley@fairbanks.us	450-6510

*for Public Safety use only

Name of Organization:

Mailing Address: City/State/Zip:

Description of Meeting:

Number of Attendees: Date Requested: Beg Time: End Time:

Contact Person: Phone:

Email:

Will food and/or beverages be served or provided to participants? Yes No

If yes, please describe:

Will any equipment be needed or used? Yes No

If so, what type?

Will you be bringing extra equipment into the building? Yes No

If so, what type?

**I have read and understand the Public Meeting Room Use Policy and agree to abide by the same.
I understand that I am the designated responsible party for all meetings scheduled.**

Printed Name Signature

Name of Organization Date

For Official Use Only

Routed to: <input type="text"/>	Date: <input type="text"/>
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: <input type="text"/>