

**TOWN OF RAMAPO
FACILITY USE APPLICATION**



APPLICATION # _____ **DATE:** _____

PHONE NUMBER: _____

NAME OF ORGANIZATION: _____

PURPOSE OF MEETING: _____

CONTACT PERSON: _____

ADDRESS (INCLUDE ZIP): _____

EXPECTED NUMBER OF PARTICIPANTS: _____

ROOM REQUESTED: CONFERENCE ROOM #1
CONFERENCE ROOM #2
COUNCIL ROOM

DATE TO BE USED: _____

TIME: FROM: _____ TO: _____

NONREFUNDABLE FEE: _____

SPECIAL NEEDS: _____

APPLICANT SIGNATURE _____