

**TOWN OF RAMAPO
FACILITY USE APPLICATION**



APPLICATION # _____

DATE: _____

1. PHONE NUMBER: DAY: ____ - ____ - _____

EVE: ____ - ____ - _____

2. NAME OF ORGANIZATION: _____

3. PURPOSE OF MEETING: _____

4. CONTACT PERSON: _____

5. ADDRESS (include zip code):

6. EXPECTED NUMBER OF PARTICIPANTS: _____

7. ROOM REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> COUNCIL ROOM | <input type="checkbox"/> CONFERENCE ROOM #1 |
| <input type="checkbox"/> CULTURAL BUILDING | <input type="checkbox"/> CONFERENCE ROOM #2 |

8. DATE TO BE USED: _____

TIME: FROM _____ AM/PM TO _____ AM/PM

9. NON-REFUNDABLE FEE: _____

FEE MUST BE RECEIVED WITHIN SEVEN DAYS OF APPLICATION

10. SPECIAL NEEDS (i.e., tables, microphones, etc.): _____

11. APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY

ACCEPTED BY _____ APPROVED BY _____ DATE _____