



# Mayor & Council of Berlin

10 William Street  
Berlin, MD 21811  
410-641-2770  
www.berlinmd.gov



## Meeting Room Request Form

Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

\_\_\_\_\_

Certified non-profit  Yes  No

Proof of non-profit status must be submitted with request form.

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Meeting Room Desired:

- Council Chambers
- Conference Room

Purpose of meeting

Estimated number attending \_\_\_\_\_

\_\_\_\_\_

Date(s) room needed:

\_\_\_\_\_

Actual meeting times: Start \_\_\_\_\_  
End \_\_\_\_\_

\_\_\_\_\_

Preparation & cleanup times: Start \_\_\_\_\_  
End \_\_\_\_\_

I, the undersigned, acknowledge that I have received a copy of the Meeting Room Use Policy and agree to the terms and conditions therein. I further acknowledge that I am the responsible party for the execution of this agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only:

Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of non-profit status submitted (if applicable):  Yes  No

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_