Mason Municipal Center 6000 Mason Montgomery Road Mason, Ohio 45040 513.229.8500

Name:



FACILITY USE REQUEST FORM

Thank you for your interest in using City of Mason public meeting space. Maintaining a safe environment for the residents and businesses of Mason is a top priority. For your safety, the City has established a policy for room usage and rooms are monitored and recorded. We ask that everyone using a meeting room review the policy as violations of the policy can lead to the denial of future meeting room requests and forfeiture of security deposit. City of Mason public meeting rooms are intended to provide occasional meeting space for a variety of groups conducting organizational business. While the City attempts to maximize facility use, it is recommended that organizations not rely on consistent and frequent use of these facilities. Meeting rooms in the Municipal Center are a wonderful community asset. We encourage the use of the rooms in a manner that is safe for all patrons to enjoy.

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Addre	ss:				
Phone	:	Email:			
Spons	oring Organization:				
Organ	ization Address:				_
Date(s) Requested:		_ Room Requested:			
Time o	of the Event (including set up):	to	Approxin	nate Attendance:	
Brief [Description of Event/Activity:				
Please review the questions below and check all that apply.					
1.	Organization Type:				
	City SponsoredPrivate Organization	• •		Community Service Organization Commercial Business	
2.	Is your organization a non-profit?		Yes	No	
	If checked yes, please provide relevant information or literature supporting your non-profit status.				
3.	Will children under 12 years of age be	present?	Yes	No	
4.	Will food or refreshments be served?		Yes	No	
5.	Will you be attending the meeting?		Yes	No	
6.	Has your group used the room 4 times	this year?	Yes	No	
l have	read and accept the terms, rules and gui	idelines for us	e of public me	eting space provided by the C	City of Mason.
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