

MUNICIPAL AGENCY USE

Expiration Date: _____ **(Office Use)**

NOTE: Complete on line, print and submit to Manager of Requested Facility.

Meeting Dates Requested:	Additional dates:	Room Time Requested: (start and end time) _____
Facility:		Program start time: _____
Describe event/purpose of meeting: (reading, lecture, panel discussion, ceremony, etc.).		Attendance Expected: _____

CITY AND COUNTY OF SAN FRANCISCO: DEPARTMENT, AGENCY, COMMISSION

<i>Name of Group:</i>	
Describe Type of Activities to Take Place in support of event: (receptions, training, registrations, refreshments, etc.)	
<i>Primary Contact Person:</i>	Position in Group:
Address, City & Zip Code:	
Day Phone:	Evening Phone:
<i>Authorized Contact Person:</i>	Position in Group:
Address, City & Zip Code:	
Day Phone:	Evening Phone:

I certify I have read the meeting room rules. I agree to the provisions set forth in the guidelines and conditions for use therein.

SIGNATURES:

(Primary contact person)

_____ (signature) _____ (today's date)

(Authorized contact)

_____ (signature) _____ (today's date)

(Office Use):

Special Authorization for Refreshment Allowance: _____ (designated Library authority). <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Room Not Available. <input type="checkbox"/> Alternate Suggested: _____ By BRANCH / MAIN MANAGER : _____ (signature)
