



Town of Nashville Town Council Meeting Room Reservation Request

Event Information

Name of Sponsoring Department: _____ Name of Group or Organization: _____

Person Responsible: _____
Last First Phone Number

Mailing Address: _____

Purpose of Use: _____

Reservation Date: _____ Time: From: _____ To: _____

Number of People in Group: _____ Refreshments? Yes No

If refreshments will be served, please give specifics.

The Town of Nashville is in no way liable for personal injury or property damage that occurs while a person or group is using the Town Council Chambers.

I hereby certify that I am the authorized and responsible representative of the sponsoring department or the petitioning group; that the above statements are true to the best of my knowledge; that I have received and read a copy of the rules and regulations governing the use of the Nashville Town Council Chambers Meeting Room; and that the group will comply with the regulations and policies governing the use of this facility.

Applicant Signature Date

Town Clerk Use Only

Room Reservation Available Unavailable

Town Clerk Signature/Date

Town Manager Use Only

Comments: _____

Status of Request Approved Denied

Town Manager Signature/Date

REV 09/08/16