

**LOWER PAXTON TOWNSHIP**  
**APPLICATION FOR USE OF MEETING ROOM**  
(Answer All Questions)  
(Print or Type)

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Meeting Date & Time Requested

\_\_\_\_\_  
Address of Organization

\_\_\_\_\_  
Approximate Number of Attendees

\_\_\_\_\_  
Name of Person Requesting Use

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Email Address

Purpose of Meeting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Organization Representative Signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
Authorized Township Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Your Organization Has Been Assigned Room No. \_\_\_\_\_**

**NOTE:** Meeting rooms are not available the evenings Board of Supervisors meetings are held (usually the first three Tuesdays of the month). Food and beverages are prohibited in the Meeting Rooms. Violation of this rule will be cause for denial of future uses of the rooms by your organization. Please pick up an access fob for entry to the building at the Administration Office the day of your meeting between 8:00 a.m.-5:00 p.m. Please return the key by 9:00 a.m. the next business day.