

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.