



**2023**  
**MEETING ROOM REQUEST FORM**

**Application Date:** \_\_\_\_\_

**Name of group:** \_\_\_\_\_

**Date(s) requesting room:** \_\_\_\_\_

**Meeting Start and End Time:** \_\_\_\_\_

**Please list two (2) contacts:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Meeting Room Set-Up Requests**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions?**  
Kris Lennon

[klennon@libertyvilletownship.us](mailto:klennon@libertyvilletownship.us)  
847.816.6800 ext. 230