

Lehigh Acres Municipal Services Improvement District Meeting Room Registration Form

Rental Date Requested: _____ Time Requested: Start _____ End _____

Open to the Public: (circle) Yes No

Description of Person or Organization Requesting Rental: (i.e. Local Government, nonprofit organization, civic organization)

Description of Proposed Event: _____

Equipment Needed: Chairs (number) _____ Tables (number) _____

Person Responsible for Rental: _____

(print name)

Address: _____

Phone: _____ Email: _____

Contact person if different than above: _____

Barrett Room Fee: _____

(Checks made payable to: Lehigh Acres Municipal Services Improvement District)

Meeting Room tables and chairs must be restored to the configuration they were found in.

Meeting Room must be left clean and trash must be in trash cans provided. Meeting

Room must be vacated at the agreed time.

Signature of person responsible for Rental Title Date

FOR STAFF USE ONLY

Application Received: _____ (Date) Reservation: Approved Unapproved

Amount Paid: _____ by Cash By Check (Number) _____

Staff Signature: _____ Title: _____ Date: _____