

~Lincoln County Health Department~

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636-528-6117

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**Request and Authorization to Use Meeting Rooms**

**Room Requested:** \_\_\_\_\_

**Date** room is needed: \_\_\_\_\_

**Time** room is needed: \_\_\_\_\_

**Name of non-profit group or organization:**

\_\_\_\_\_

**Type of event:** \_\_\_\_\_

**Approximate number of attendees:** \_\_\_\_\_

**Does your event require use of kitchen facilities?**

Yes / No

**Does your event require use of the projector**

**equipment? Yes / No**

**Responsible contact:**

**Person picking up and holding Key Card:**

(Only needed if event is on the weekend and/or after 4:30 Monday-Friday)

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_

It is understood and agreed that by executing this request for use of the Lincoln County Health Department meeting facility, the organization or group using the facility will abide by the Lincoln County Health Department Meeting Facility Rules and Regulations; will be responsible for safeguarding the facility's condition; and will pay for any loss of property and/or damages caused to the facility as a result of misuse. In addition, it is understood the organization or group shall not hold Lincoln County Health Department liable for any bodily injury, property damage, or theft of property that may occur on the premises covered by this application.

**Signature of responsible person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Key Card holder** *(if applicable):* \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization granted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_