



Mayor & Council of Berlin

10 William Street
Berlin, MD 21811
410-641-2770
www.berlinmd.gov



Meeting Room Use Request Form

Today's Date: _____

Organization: _____

Applicant's name: _____

Certified non-profit ☐ Yes ☐ No

Proof of non-profit status must be submitted with request form.

Address: _____

Address: _____

Phone: _____

Phone: _____

Meeting Room Desired:

☐ Council Chambers

☐ Conference Room

Purpose of meeting: _____

Estimated number attending: _____

Actual meeting times: Start: _____

End: _____

Date(s) room needed: _____

Hours must be during Town Hall operating hours.

Typically: 8:00 AM – 4:00 PM

Preparation & cleanup times: Start: _____

End: _____

Hours must be during Town Hall operating hours.

Typically: 8:00 AM – 4:00 PM

I, the undersigned, acknowledge that I have received a copy of the Meeting Room Use Policy and agree to the terms and conditions therein. I further acknowledge that I am the responsible party for the execution of this agreement.

Signature

Date

For office use only:

Clerk: _____ Date: _____

Proof of non-profit status submitted (if applicable): ☐ Yes ☐ No

Amount Due: _____ Amount Paid: _____ Date: _____