



Versailles Police Department



APPLICATION FOR RESERVATION OF COMMUNITY ROOM

Name of Sponsoring Organization: _____

Address: _____

Telephone: _____

Contact Person: _____

Address: _____

Telephone: _____

Purpose of Reservation: _____

Date of Event: _____

Number of Attendees: _____

Start Time: _____

End Time: _____

Will You Require Any Audio/Visual Connections? _____

If Yes, Please Describe:

Any Additional Information: _____

Signature and Title of Sponsoring Organization Representative:

Date: _____

NOTE: Alcohol use, tobacco use, and the carrying of concealed weapons are prohibited in the community room. Organizations and individuals using the facility are responsible for the conduct of its attendees and cleaning up after an event.

Reservation of the Versailles Police Department Community Room is subject to the final approval of the Chief of Police or his designee and be based upon availability and the current activities of the Versailles Police Department.

Application Approved _____ Application Denied _____

Reason for Denial: _____

Signature Chief of Police: _____ Date: _____