

**MEETING ROOM APPLICATION AND AGREEMENT
FREMONT COUNTY ADMINISTRATION BUILDING
615 Macon Avenue, Cañon City, CO 81212**

NAME OF GROUP: _____
RESPONSIBLE PARTY NAME: _____
ADDRESS: _____

PHONE(s): _____

REQUESTED MEETING DATE: _____ **TIME: start** _____ **end** _____
NUMBER OF PEOPLE ATTENDING (estimate): _____
ROOM REQUESTED: _____
WILL REFRESHMENTS BE SERVED? _____
SPECIAL ARRANGEMENTS REQUESTED (seating, tables, etc.): _____

As Responsible Party, I agree to abide by the Policy for use of Fremont County Administration Building in effect on this date. In accordance with the Policy, I understand that I may be responsible for cleaning or repair of facilities necessitated by my group's activities, and that the current rate is \$_____ per hour for custodial and \$_____ per hour for maintenance / repair. Materials will be billed at cost.

(Signed) _____ Date _____

**OFFICIAL USE ONLY, TO BE FILLED OUT BY:
COUNTY COMMISSIONERS OFFICE**

APPROVED: _____ **DENIED:** _____ **INITIALS:** _____

If approved:

SPECIFIC DATES APPROVED (if more than one date, 3 months max)

ROOM # _____

SECURITY ARRANGEMENTS:

____ **NONE REQUIRED**

____ **SPECIFIC SECURITY REQUIRED:** _____

