

# Parsons Conference Room Reservation Request Form: 2021

## City of Milford Board, Commission & Department meetings

APPLICANT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

PURPOSE OF THE MEETING: \_\_\_\_\_

NUMBER OF ATTENDEES: \_\_\_\_\_ ( maximum seating capacity: 30 )

START TIME: \_\_\_\_\_ am / pm      END TIME: \_\_\_\_\_ am / pm

**2020 Holidays**

JAN 1, 20	FEB 17	APR 10	MAY 25	JULY 3	SEPT 28	OCT 12	NOV 11, 26	DEC 25
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DATE(S) REQUESTED: (example: 1/2/2020 is the 1<sup>st</sup> Thursday of the month)

DATE	WEEK NUMBER					DAY OF WEEK					
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	LAST	MON	TUES	WED	THURS	FRI	
1/2/2020	X								X		

I have read the **PARSONS CONFERENCE ROOM USAGE POLICY**

Signature: \_\_\_\_\_