

BOROUGH OF WEST GROVE
117 Rosehill Avenue
West Grove, PA 19390

Phone: 610-869-2792
Fax: 610-869-4138

REQUEST FOR USE OF THE MEETING ROOM

DATE: _____

NAME OF APPLICANT _____ PHONE: _____

NAME OF ORGANIZATION _____

ADDRESS _____

DATE REQUESTED _____

TIME OF MEETING _____
(Opening) (Closing)

SIZE OF GROUP _____

TYPE OF PROGRAM OR PUPOSE FOR WHICH REQUESTED _____

The Meeting Room must be put back the way you found it.

There is to be no smoking, eating or drinking in the Meeting Room.

(The Meeting Room is only available when a Police Officer can open & close the Room)

As a representative of the above organization, I have read the regulations governing the use of the Meeting Room and agree to abide by them.

Signature _____ Phone _____

Approved _____ Date _____