



**CITY OF NEW HAVEN**  
**OFFICE OF LEGISLATIVE SERVICES**  
 165 Church Street, Room 238, New Haven, CT. 06510  
 Phone (203) 946-6483, Fax (203) 946-7476  
 Email [sarenberg@newhavenct.gov](mailto:sarenberg@newhavenct.gov)



**APPLICATION FOR USE OF MEETING ROOMS**

**Application Submission Date:**

**To the Director of Legislative Services:**

**The undersigned hereby makes application on behalf of**

\_\_\_\_\_ (Insert name of organization or city department)

**An organization formed for:**

\_\_\_\_\_ (State object for which it is formed **OR** if a government organization)

**Meeting Room(s) Requested:** Meeting Room 1  Meeting Room 2  Meeting Room 3

**Date of Meeting/Event** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time** \_\_\_\_\_

**Number of people expected to attend** \_\_\_\_\_

**Name, Best Contact Number and Email Address of Applicant (s)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For following purposes/additional information or dates:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONDITIONS:**

1. Tables and/or chairs **MUST NOT** be moved into or out of rooms without prior permission.
2. Any furniture moved **MUST** be put back to its original location. If said permission to move furniture is granted, we hereby agree to strictly comply with the rules and regulations governing the use of city buildings, to take care in the use of city property, to make good any of the building and to provide necessary police attendance.
3. No food or drinks permitted in any of the meeting rooms without approval in advance by the Director of Legislative Services. If permitted, registered group must clean up all food & drink after themselves.

Please return application(s) to Sharon Arenberg in person, email or fax using the contact information listed above.

<p><b>For Office of Legislative Services <i>only</i>:</b></p> <p><b>Date received:</b> _____ <b>Application Approved:</b> __ yes __ no <b>Confirmation Sent:</b> _____</p>
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