



City of Clarkston

Council Chambers/Conference Room Application

Today's Date: Council Chambers Conference Room

Date Requested: _____ Time Requested: _____ to _____ (Include set up and clean-up)

Name of Group or Organization: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ E-Mail: _____ Anticipated Attendance: _____

Audio/Video Needs? (Training Required) Yes No

Recurring Request

Weekly	Monthly
Mon	1 st
Tue	2 nd
Wed	3 rd
Thurs	4 th
Fri	Last
Sat	
Sun	

I have read and understand the City of Clarkston's Room Use Policies.

***I am responsible for any damage incurred. A damage fee may be charged for actual replacement or repair fees.**

***A cleaning fee may be billed at the rate of \$40 per hour, if meeting space is not clean.**

***Key pick up and return – COST FOR REPLACEMENT - \$200**

Authorized Signature _____

FOR CITY USE ONLY

Date Received: _____	Date Approved: _____
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829 Fifth Street, Clarkston WA, 99403