

CITY OF ST. CHARLES
MEETING ROOM RESERVATION AND APPROVAL FORM
FOR EXTERNAL ORGANIZATIONS FOR: 2022

ORGANIZATION/COMPANY INFORMATION

Name of Organization:

Street Address:

City/State/Zip:

Contact Person:

Contact Email address:

Cell number: Office number:

Signature of responsible party (please check box to acknowledge compliance to the statement below)

I have read and agree to the City of St. Charles Meeting Room Policy and agree to supply a copy of a current Certificate of Insurance (COI) listing the City of St. Charles as additional insured, if applicable, within 10 business days of the requested meeting(s).

Municipal Building hours: Monday thru Friday 8 a.m. to 9 p.m.

Meeting Dates Needed (use separate sheet if needed):

Arrival Time: _____ Actual meeting time: _____ am/pm to _____ am/pm

Anticipated attendance:

Meeting room requested: (Room capacity in parentheses)

Den A _____ (8-10) Den B _____ (8-10) Dens A/B Combined _____ (20-22)

Council Committee Room _____ (18-20) Council Chambers _____ (+40) Lower Level _____ (20-25)

For office use only:

PLEASE RETURN COMPLETED FORM TO:
 City Administrator's Office
 Attn: City Reception
 2 E. Main St.
 St. Charles IL 60174
 Or email to: receptiondesk@stcharlesil.gov

Date Received: _____
 Approved _____

