

**Request for Permission  
Use of Harmar Township  
Meeting Room**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Organization/Entity Requesting Use of Meeting Room**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Meeting Room Request: \_\_\_\_\_

Time of Meeting Room Request: \_\_\_\_\_

**Purpose for Use of Meeting Room:**

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

---

---

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Copy provided to Chief of Police

Copy provided to Board of Supervisors