

**TOWN OF SEWALL'S POINT**  
**CHAMBERS MEETING ROOM**  
**RESERVATION REQUEST FORM**



**Please see the attached fee schedule and user agreement.**  
**All fees must be paid at time of Reservation**

Contact Name: \_\_\_\_\_

Phone: (daytime) \_\_\_\_\_

Phone: (cell) \_\_\_\_\_

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

Date Requested: \_\_\_\_\_

Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Number Attending: \_\_\_\_\_

Reservation fee for attending \_\_\_\_\_ Yes \_\_\_\_\_ No      Amount \$ \_\_\_\_\_

Non Profit sales tax exemption form must be attached

Resident requesting use: \_\_\_\_\_

**I agree to following the Use Agreegment and fee schedule**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Town Manager Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Added to Calendar on** \_\_\_\_\_ **By:** \_\_\_\_\_

