

www.ci.mequon.wi.us

11333 N. Cedarburg Rd Mequon, WI 53092-1930 Phone: 262/236-2911

Fax: 262/242-9655

Office of the City Clerk

## **Meeting Room Reservation Request**

Event Title:				
(Title as	s it is to appear on t	he public access city mee	ting/reservation calendar)	
Date(s) of event:				
Time room is to be ready/unlocked (Monday through Friday during office hours only):				AM / PM
Key is to be picked up and dropped prior to the scheduled event and retuonly).				
Event start time:	AM / PM	Event end time:		AM / PM
Department:				
Primary contact:				
Secondary contact:				
Estimate attendance:		<u> </u>		
Room to be reserved (check one):				
North Conference Room			South Conference Room	
Lower Level Conference Room			Christine Nuernberg Hall	
Special room configuration or equip	ment needs (will	table microphones be ne	eded):	
Signature			Date	
OFFICE USE ONLY - Bldg. Maintenance, Website, Internal Calen			, PD (after 4:30 & weeks	end)