



CITY OF LONE TREE
APPLICATION FOR USE OF MEETING ROOMS

9220 Kimmer Drive, Suite 100
Lone Tree, CO 80124
www.cityoflonetree.com
Phone: 303-708-1818 Fax: 303-225-4949
Email: information@cityoflonetree.com

Organization: _____ Today's Date: _____

Purpose of Use: _____

Expected # of Attendees: _____

Expected # of Vehicles: _____

Event Date: _____ Time Preference: _____

If event is recurring, please notate beginning and ending date: _____

Location: Civic Center, 8527 Lone Tree Parkway, Lone Tree, Colorado 80124

[] Civic Center Community Room #A

[] Civic Center Community Room #B

Applicant Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Email address: _____

Colorado Driver's license #: _____

Please check the appropriate box YES NO

- 1. Is this group a Non-Profit organization? []Yes []No
2. Will the event attendees exceed the (29) parking spaces? []Yes []No
3. Do the majority of participants live in Lone Tree? []Yes []No
4. Is this meeting open to the public? []Yes []No
5. Will refreshments be served? []Yes []No
If yes, what type? _____

I have received, read, and understand the City of Lone Tree Community Room Use Policy. I agree to abide by the conditions of use as outlined and agree to accept accountability for any violation of these terms.

Printed Name of Applicant

Signature of Applicant

FOR OFFICE USE ONLY

Approved: _____ Yes _____ No _____
Approved For: _____ Room A _____ Room B _____
Date Approved: _____
Approved by: _____

Key Number Issued: _____
Date Key Number Issued: _____
Date Key Number Returned: _____
Date Notified: _____ Via: _____