



City of Pompano Beach
City Managers Ocean View
Conference Room

STAMP HERE

ROOM RESERVATION FORM

ROOM REQUEST			
Community Room (max. 42 people)	Board Room (max. 30 people)	Executive Conference Room (max. 24people)	
COMMUNITY ROOM SETUP DESCRIPTION / ILLUSTRATION			
Equipment requested (AV equipment unavailable) <input type="checkbox"/> Screen <input type="checkbox"/> Podium *AV equipment is not available		Additional Equipment Tables Chairs HDMI Audio Other (include drawing in box below)	
<p>Submit completed form via email to: pbfr.prevention@copbfl.com</p>			
APPLICANT / ORGANIZATION INFORMATION			
Requested date:	Start time:	End time:	
Organization name:			
Address:			
Representative's name:		Email:	
Address:			
Phone:		Number of persons expected:	
Event description:			
AUTHORIZATION			
<p><i>I have received and read the Meeting Room Use Policy and I hereby certify the Organization detailed above meets the criteria stated therein. I will furnish information to verify this upon request. I understand any damage related to the event will be the responsibility of the Organization sponsoring the event. I further certify I am an Officer of the Organization empowered to request the room and accept responsibility on its behalf.</i></p>			
Signature: _____			Date: _____
Name (print): _____		Title: _____	
FOR OFFICE USE ONLY			
Approved By:		Date / time submitted:	