



## MEETING SPACE APPLICATION (OUTSIDE ORGANIZATION)

Organization: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_

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

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

Room(s) Desired:

Council Chambers     Boardroom     South 1<sup>st</sup>

Lunchroom                       East Lower Level

Date(s) of use: \_\_\_\_\_

Time(s) of use: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Purpose of Meeting(s): \_\_\_\_\_

Title of Meeting(s) (for elevator notice purposes): \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Audio Visual Needs: \_\_\_\_\_ Chambers Technology?: \_\_\_\_\_

Please send completed application to [meetingrooms@ci.moorhead.mn.us](mailto:meetingrooms@ci.moorhead.mn.us)  
Or mail to City of Moorhead, Attn: Customer Service, 500 Center Avenue,  
PO Box 779 Moorhead, MN 56561-0779. If preferred, please feel free  
to fax application to 218-299-5306.