

FLORENCE HOUSING AUTHORITY

APPLICATION FOR USE OF THE COMMUNITY ROOM FACILITIES

(PLEASE NOTE: REQUESTS MUST BE MADE AT LEAST 14 DAYS PRIOR TO USE)

Name of Tenant Applicant / Responsible Party _____

Date of Application _____

Development and Apartment Address _____

Phone Number _____ Cell Number _____

Email _____ Drivers License Number _____

Please provide a detailed explanation of the intended purpose for which the Tenant Applicant wishes to use the Community Room / Facilities.

Date of Use _____ Begin Time _____ am/pm End Time _____ am/pm

Requested Area(s) of Use _____

Will refreshments be served? _____ Kitchen facilities needed? _____

Number of People to Attend _____ Resident _____ Non-Residents _____

Number of Adult Supervisors _____

How will access to the Community Room be controlled? _____

I have read, agree and completely understand the Community Room / Facilities Rental and

Reservation Policy and Waiver of Liability & Conditions of Use and agree to follow them as

stated. YES NO

Signature of Tenant Applicant / Responsible Party

Date

Family Member (If Applicable)

TEL 256-760-5202 FAX 256-768-3178

Email: tlyons@flohousing.org