



A U S T I N C I T Y H A L L

CITY HALL SPACE – REQUEST FOR COUNCIL SPONSORSHIP

CONTACT INFORMATION

Company Name _____
 Address _____

 Primary Contact _____
 Event Name _____
 Phone _____ Cell _____
 Email _____

RESERVATION REQUEST

Event day (M-F only) / date	Event time (Including setup and teardown)	Event time (Actual)
1 st preference _____	Start/End _____	Start/End _____
2 nd preference _____	Start/End _____	Start/End _____

Atrium (1st floor) Council Chamber (room 1001) Board and Commission (room 1101)
 Other _____

Description of event _____

Number attending? _____

Reservation Detail:

Food/Drink provided by a Caterer? _____ Will Alcohol be served? _____

Host shall provide tables and chairs needed for event. There may be charges for use of City media equipment, waste containers, custodial services, after hours use of the facility, building services support or use of City property.

Can small tables/chairs in Atrium remain (yes/no)? _____ Other? _____

Applicant signature _____

Date _____

COUNCIL SPONSOR

Request approved* Request denied

Signature _____

Date _____

*Mayor or Council Member approval does not guarantee a reservation, but does initiate the reservation process through Building Services.