



Northwood Town Facilities Use/ Document Request Form

Date of Request: _____ Name of Group: _____

Contact Name: _____

Phone Number: _____ Email: _____

Room Request

Date of Event: _____ Name of Room: _____

Name of Event: _____

Time Needed: _____ Number of Attendees: _____

Equipment Needed: Livestream Need to be trained on Livestream

Table Microphones Standing Microphone

of Chairs: _____ Other: _____

Information Request

Description of Request: _____

Purpose of Request: _____

Number of Copies: _____ Mailed: Yes No By Date: _____

Emailed: Yes No By Date: _____

Recipient (s): _____

Other Type of Request or Assistance from Town Department

Description of Request (be specific): _____

Signature of Requester: _____
(print & sign)

Received By: _____ Date Received: _____

Copy to: Log Book Police Dept Fire Dept Other: _____

Request Has Been: Approved Denied Date: _____

Signature (s): _____
