

# REQUEST FORM FOR THE USE OF LEGISLATIVE ROOMS

Office of Legislative Research and General Counsel

Phone: 801-538-1032 | Fax: 801-538-1712

Name \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Time of Meeting \_\_\_\_\_ Length of Meeting \_\_\_\_\_

Organization \_\_\_\_\_

Approximate Number of People Attending \_\_\_\_\_

Legislative Room Requested \_\_\_\_\_

Date of Request \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ATTACHED GUIDELINES FOR USE OF LEGISLATIVE COMMITTEE ROOMS. I AGREE TO BE BOUND BY THOSE GUIDELINES.**

**I UNDERSTAND I [OR IF SCHEDULED BY A STATE ENTITY, THAT STATE ENTITY] WILL BE HELD RESPONSIBLE FOR ANY DAMAGE OR CLEANING OF THE COMMITTEE ROOM.**

Authorized Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

*There is no charge for use of a room, but in accordance with the "Legislative Management Committee Policy Governing Use of Committee Rooms in the House Building," under "User Qualifications" Subsection (3), please provide the following information:*

## **IAT Information:**

Fund \_\_\_\_\_ Agency \_\_\_\_\_ Org \_\_\_\_\_ Approp \_\_\_\_\_

(or)

## **Credit Card Information:**

Type of Card \_\_\_\_\_ Card No. \_\_\_\_\_

Name of Cardholder \_\_\_\_\_  
(Exactly as shown on card)

Billing Address \_\_\_\_\_

Expiration Date \_\_\_\_\_