



Oshkosh Police Department

Application for Reservation of Community Meeting Room

(Please Print all Information)

Police Department Contact
Jody Riley
 420 Jackson Street
 Oshkosh, WI 54901
 (920) 236-5720
 jriley@ci.oshkosh.wi.us

Group / Organization Name: _____

Brief Description of Group's purpose: _____

Authorized Adult Representative: _____ Home Phone : _____

Home Address: _____ Zip Code: _____ Cell Phone: _____

Alternate Representative: _____

Home Address: _____ Zip Code: _____

Home Phone : _____ Cell Phone: _____

Date of Use: _____

Description of Activities for this Scheduled Time: _____

Beginning Time (include arrival for set-up): _____ am or pm

End Time (include time for clean-up): _____ am or pm

\$ 50 deposit Yes No Name on Check & # _____

Signature of Police Department Employee receiving \$50 deposit: _____

I have read, understand and agree to adhere to the policies, rules and regulations set forth by the City of Oshkosh regarding use of the Oshkosh Police Department Community Room as above scheduled. I understand the Police Department's operations are a priority and there may be an unforeseen need for the Police Department to have access and use the room. In the event this meeting time is cancelled by the Police Department, the above stated organization will not forfeit their deposit fee and shall be given the opportunity to reserve the room at the earliest mutually agreed upon date.

 Signature of Authorized Representative

 Date

Office Use Only:

Date Application Received by Administrative Assistant _____ Initials _____

Date / Time of Approval or Denial _____ Date Deposit Returned _____

In Person Mail