

Billerica Housing Authority

13 River: _____ 16 River: _____ Talbot: _____

Community Room Reservation Request

Information
Date Needed:
Time:
Name of Individual or Organization:
Address:
Telephone:
Purpose of Use:
Anticipated Number of People:
Who is responsible for event? Contact Information:
Who is responsible for clean up? Contact Information:

Please Note: Use of alcoholic beverages and/or drugs of any kind (other than those to be administered by medical professionals at a temporary clinic) are expressly prohibited and will result in an automatic revocation of the privilege to use the Community Room space in the future.

Requested by (Signature and Date): _____

BHA Approval/Date: _____