

**City of Fairfield
Parks & Recreation Department
Internal Reservation Form**

Meeting Title: _____

Reservation Requested By: _____ Ext: _____

Department and Manager: _____

Designated Staff in charge/present during event: _____

Date of Event: _____ Estimated Attendance: _____

Setup Time: _____ Event Start Time: _____ Departure Time: _____

Facility and Room Requested: _____

Equipment/Special requests:

Please Note: Paper, markers, flash drives, laptop cables, wireless presentation remotes or laser pointers are not provided.

— FOR RESERVATION OFFICE USE ONLY—

Date Approved: _____ Approved By: _____

Date Entered: _____ Entered By: _____

Equipment Use Confirmed with Building Staff: _____

Date Setup Received: _____ Completed Date: _____