

Lower Salford Township **Board of Supervisors**379 MAIN STREET

HARLEYSVILLE, PA 19438-2309

LOWER SALFORD TOWNSHIP **Application for Use of Community Meeting Room**

ORGANIZA	TION INFORM	IATION		
ate of application: Organization:				
Mailing address:				
		(day)		
Contact person:	Phone: (e	· • /		
USEAGI	E INFORMAT	ION		
Date requested:		Times:		
	From:	AM PM	To: AM PM	
Number of people attending (maximum				
capacity is 75 people):	Number of tables needed:			
	Number of ch	Jumber of chairs needed:		
Commun	Fownship Police nity Room Appli eet, Harleysville, 9500 • Fax: approval or deni person should r	Department cation PA 19438 215-256-1212 al. Upon arriva eport to the Pol	l at the Township ice Department to	
lot and enter by way of the Township Build	•			
basement level. No parking is permitted bel	~			
drinks are permitted in the Community Room				
condition will result in termination of Community	Room use for y	our organization	.	
Twp use: Application approved or denied	D***	,	Data	
Application approved or denied	By:		Date:	
Contact person notified by:	Date:	Via:	Mail Phone Fax	
PD use:				

FAX: (215) 256-4869