



# Port of Skagit

## HEARING ROOM - REQUEST FOR USE FORM

For use of the Port of Skagit Hearing Room and attached kitchenette, please fill out all pertinent information on this form and return to:

PORT OF SKAGIT  
15400 AIRPORT DRIVE  
(MAIL TO: P.O. BOX 348)  
BURLINGTON, WA 98233

Name of Group or Organization: \_\_\_\_\_

Type of Organization (Please check one):

\_\_\_\_\_ Private businesses (\$25.00 fee)

\_\_\_\_\_ Non-profit organization/community group (\$15.00 fee)

\_\_\_\_\_ Public agency (Fee waived)

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Type of Gathering: \_\_\_\_\_

Date of Room Use: \_\_\_\_\_

Do you require use of the kitchenette? \_\_\_\_\_

Time Period: From \_\_\_\_\_ to \_\_\_\_\_

PLEASE READ AND RETAIN THE ATTACHED RESOLUTION WHICH STATES RULES AND REGULATIONS AND THE PROPER USE OF THE ROOM.

If you have any questions, please call (360) 757-0011. Thank you.

Request for use of hearing room approved by: \_\_\_\_\_

Dated: \_\_\_\_\_

<i>For Office Use Only (circle one):</i>	<i>Fee:</i>	<i>\$25</i>	<i>\$15</i>	<i>Fee waived</i>
--	-------------	-------------	-------------	-------------------