

Facilities Service and/or Room Request

Lewis & Clark Law School

Facilities Service Room Request Both

Today's Date: _____ Event Date(s): _____

Contact Person: _____ Event Name: _____

Lewis & Clark Contact: _____ Phone: _____

Start Time: _____ End Time: _____

Group/Organization: _____

Email: _____ Phone: _____

Purpose: _____

❖ **Service Request:** _____

❖ **Audio/Visual Request:** _____

❖ **Room/Location Request:** _____

❖ **Parking Request:** _____

❖ **Signage Request:** Please complete Signage Form; allow two weeks.

❖ **Event Planning:** Contact Linda Lopeman ext 6899 lopeman@lclark.edu

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Office Use Only

Confirmed: Requestor _____ C.Almaraz _____ L.Lopeman _____
Food Waiver _____ Alcohol Use Form _____

Comments: _____

