



Audio Services Request Form

Date of Request: _____

A. General Information

1. Name of Event: _____ Date of Event: _____

Location of Event: _____

Set up Time: _____ Event Start Time: _____ Tear Down Time: _____

2. Name of Applicant or Applying Organization: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____ (Mobile): _____

Fax: _____ Web Site: _____

Email Address: _____

Non-Profit Status ID#: _____

Tax Exemption Certificate #: _____

B. Service Needs

1. Please list all services that will be needed

2. Please list any other notes of importance

The City will be charging non-profit organizations twenty-five dollars (\$25) per hour and all other organizations one hundred dollars (\$100) per hour both with a two hour minimum. Billable time will be accrued from portal to portal with partial hours being rounded up to the next full hour for billing purposes.

FOR OFFICE USE ONLY

____ PROFIT

____ NON-PROFIT

____ WAIVED

____ CITY EVENT

STAFF ASSIGNED: _____

PROPOSED START _____ PROPOSED END _____

APPROVED _____ ACTUAL HOURS _____

INVOICED ON DATE _____

PAID ON DATE _____