



## Peoria City/County Health Department Application for Use of Community Room (125)

This signed application must be submitted prior to use of the Community Room (125)  
The PCCHD Community Room (125) may be used by organizations engaged in educational, cultural, civic, intellectual and charitable activities or activities requiring the use of Health Department materials.

- No fee may be charged, no collection may be taken and no purchase may be required of those who attend.
- \$25.00 will be charged for deviation from the normal room setup.
- \$20.00 will be charged for a housekeeping fee for any group serving food and/or refreshments other than water and coffee.
- \$10.00 will be charged for the use of audio-visual equipment.
- Organizations utilizing the room are responsible for all damages done to the room or equipment.

Organization Name: \_\_\_\_\_

Purpose for which the room is requested: \_\_\_\_\_

Date room is needed: \_\_\_\_\_ Number of persons anticipated: \_\_\_\_\_

Scheduled time of meeting: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
**(Access to the Community Room is limited to the hours the Peoria City/County Health Department is open.)**

Contact person: \_\_\_\_\_  
*(this person's information will be given to inquiring public)*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Will food and/or non-alcoholic beverages be served? Yes/No If yes, what: \_\_\_\_\_

Catered? Yes/No If yes, by whom: \_\_\_\_\_

Room set up needed:  Square (Free)  Classroom (Free)  Other (Fee Applies): \_\_\_\_\_

Will you use technology equipment? Yes/No \_\_\_\_\_

The Peoria City/County Health Department reserves the right to revise any meeting arrangements scheduled if necessary and to preempt established reservations upon reasonable notification to the organization.

I realize that in submitting this request, I am assuring the Peoria City/County Health Department that the above information is correct and that I have read the Room Usage Policy. Any advanced publicity about any meetings specified above in no way involves the Peoria City/County Health Department as a place of meeting. I understand that any violations of the rules regarding the use of the Peoria City/County Health Department will result in the cancellation of future meetings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form with payment to: Peoria City/County Health Department  
Attn: Administration  
2116 N. Sheridan Road  
Peoria, IL 61604  
Phone: 309/679-6101 Fax: 309/679-6609  
Email: [PeoriaHealth@peoriacounty.org](mailto:PeoriaHealth@peoriacounty.org)