

## TACID Room Use Request Form - 2007

Name of Group: \_\_\_\_\_

Date(s): \_\_\_\_\_  
\_\_\_\_\_

Time Room is Requested: \_\_\_\_\_

Room Being Requested: \_\_\_\_\_

Disability nonprofit group? (Circle One) Yes No  
\_\_\_\_\_

Group Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

TTY: \_\_\_\_\_

Fax: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

### Setting Up of Multi-Purpose Room

If your group plans to use the Multi-Purpose room, and you would like it set up prior to your meeting, please indicate this by drawing a diagram on the back of this sheet, faxing a diagram, or by calling our custodian at 565-9000 Ext. 30. Please be sure to include the date and time of your meeting in your message. Please be very specific e.g. how many tables, how many chairs, and how you want them arranged. If there are any questions or if you have any changes regarding any of the above dates, please direct them to Lisa or Mesa at 565-9000 extension 10 Voice.

Please return this form to:

Attn: Lisa or Mesa  
6315 South 19<sup>th</sup> Street  
Tacoma, WA 98466

Or fax: 253-565-5578