

Legislative Mall Reservation Request

Name of Event: _____

Description of Event: _____

Date Requested: _____

Time Requested (from and to): _____
(please be sure to capture set-up and break-down of your event as well)

Estimated Number of Attendees: _____

Organization Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Please indicate which of the following your event will require:

- Trash receptacles
- Electric hookup (120 volt, 20 amp GFI receptacle)
Organization is responsible for providing extension cords
- Water Hose

Please forward this completed form to:

Division of Facilities Management
540 S. DuPont Highway, Suite 1
Dover, DE 19901

Fax: (302) 739-6148

Phone: (302) 739-5644