

Legislative Mall Reservation Request

Name of Event: _____

Detailed Description of Event: _____

Date Requested: _____

Time Requested (from and to): _____
(including set-up and break-down of event)

Actual Event Time (from and to): _____
(excluding set-up and break down of event)

Estimated Number of Attendees: _____

Organization Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

If you plan to request street closure(s) through the Dover Police Department, please detail the streets name(s) and closure times you intend to request:

Please indicate which of the following your event will require:

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

****Please note that the provision of portable restrooms is the responsibility of the event sponsor; however, their placement will be at the direction of Facilities Management.**

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
Email: natalie.curran@state.de.us