Legislative Mall Reservation Request

Name of Event:					
	ed Description of Event:				
Date 1	Requested:				
Time	Requested (from and to):ding set-up and break-down of event)				
Actua (exclu	l Event Time (from and to):				
Estim	ated Number of Attendees:				
Organ	ization Name:				
Conta	ct Person:			<u></u>	
Addre	ss:			<u></u>	
				<u></u>	
Phone	Number:				
Fax N	umber:				
Email	Address:				
and th (302)	plan to request a street around the L e closure times you intend to request. 736-7010. For closures of Legislative gislative Council, at (302) 744-4114.	You must coordinate str	reet closures with th	ne City of Dover, at	
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				
	ase note that the provision of portable lacement will be at the direction of Fa		sibility of the event	t sponsor; however,	
Please forward this completed form to:		Division of Facilities 540 S. DuPont Hig Dover, DE 19901	•		

Fax: (302) 739-6148 Phone: (302) 739-5644 Email: deborah.hawkins@delaware.gov