

APPLICATION FOR USE OF  
COMMUNITY ROOM SPACE

Name of Individual/Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

When: Date \_\_\_\_\_

Time \_\_\_\_\_

Purpose of Use \_\_\_\_\_

Number of people expected to attend \_\_\_\_\_

Who will be responsible for controlling the space \_\_\_\_\_

Who will be responsible for maintaining the space \_\_\_\_\_

Who will be responsible for cleaning the space after event \_\_\_\_\_

**ALCOHOLIC BEVERAGES AND SMOKING ARE EXPRESSLY PROHIBITED AND  
WILL LEAD TO AN AUTOMATIC REVOCATION OF THE PRIVILEGE TO USE THE  
COMMUNITY ROOM SPACE IN THE FUTURE.**

Application must be approved by the Tenant Association President prior to being presented to the Board of Commissioner's for approval.

Approved/Denied By: \_\_\_\_\_  
President Date Tenant Association

Approved by the West Springfield Housing Authority

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

Denied by the West Springfield Housing Authority

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

NOTE: IF APPLICATION IS DENIED BY ASSOCIATION PRESIDENT, TENANT HAS THE  
RIGHT TO APPEAL TO THE EXECUTIVE DIRECTOR