



# COUNTY OF MENDOCINO

## Clerk of the Board

DARCIE ANTLE  
CLERK OF THE BOARD

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### BOARD OF SUPERVISORS CHAMBERS RESERVATION REQUEST

DEPARTMENT/ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ TIME – START: \_\_\_\_\_ END: \_\_\_\_\_

\*If you are requesting more than one date, please attach a second sheet with all requested dates, start, and end times listed

PURPOSE:

CHECK ALL BOXES THAT APPLY:

WE REQUEST USE OF THE DIAS

WE REQUEST USE OF THE EQUIPMENT

#### ACKNOWLEDGEMENT

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND GUIDELINES FOR THE RESERVATION AND USE OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS CHAMBERS

SIGNATURE: \_\_\_\_\_

#### COB USE ONLY

DATE RECEIVED: \_\_\_\_\_ FEES: \_\_\_\_\_ FEES RECEIVED: Y\_\_\_\_ N\_\_\_\_

STATUS: \_\_\_\_\_ APPROVED AS REQ \_\_\_\_\_ APPROVED W MOD \_\_\_\_\_ DENIED

REQUESTER NOTIFIED VIA : PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ IN OFFICE \_\_\_\_\_

CONDITIONS (if any): \_\_\_\_\_

BY: \_\_\_\_\_