

REQUEST FOR USE OF THE LEWISTON SENIOR CENTER

Date of Request: _____

Date of Building Use Requested: _____

Building Use Requested by: Please include organization name, phone number and email of contact.

Organization Name: _____

Connection to the Town of Lewiston: _____

Contact Name: _____

Phone Number: _____ E-mail: _____

Time: Please indicate the time you would like to enter the building and the time your group will be finished.

Purpose of Meeting: _____

Number of people expected to attend: _____

Please list any special arrangements required i.e., microphone, coffee, projection screen, etc.

Please contact Melinda Olick at the Lewiston Senior Center
1 week prior to your request to confirm that approval has been granted
(716)754-2071 or Email molick@townoflewiston.us

Thank you in advance for your cooperation!

Approval Granted: Yes or No Reason: _____

Melinda S. Olick, Coordinator Lewiston Senior Center