

**University of Iowa – University Housing – 2008-09**  
**ACADEMIC YEAR FACILITIES USAGE REQUEST FORM FOR INTERNAL GROUPS**  
**(University Housing staff members, student groups, University**  
**departments renting University Apartments space)**

Today's Date \_\_\_\_\_

Name of Student Group or Department \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Day/Date of Event: \_\_\_\_\_

Time of Reservation: START \_\_\_\_\_ am pm END \_\_\_\_\_ am pm

Time of Event: START \_\_\_\_\_ am pm END \_\_\_\_\_ am pm

Type of Event: \_\_\_\_\_ Title of Event: \_\_\_\_\_

# Attending: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Space/Room/Building Requested:**

**Set-up Instructions:**

According to the Room Reservation Policy for Internal Groups, the space must be left in its original condition. A cleaning, replacement, and/or re-set charge may be assessed if policy is not followed.

**Special Equipment/Facilities Requests:**

- Important University Housing Policies**
1. Alcohol is prohibited
  2. Smoking is prohibited inside and within 25 feet outside of buildings
  3. Money cannot be collected at the door or exchange hands during the event
  4. Courtesy hours are in effect 24-hours-a-day—if your group is asked to quiet down, they must abide by that request

**Signature:** \_\_\_\_\_

Your signature indicates knowledge of the facilities usage policies and an agreement to comply with University Housing policies and procedures as well as State Law.

**Office Use Only:**

Apartment Coordinator Approval \_\_\_\_\_

Signature

Date

University Apartments Manager Approval \_\_\_\_\_

Signature

Date

- Calendar  In-hall custodial  Custodial supervisor  Requestor  Room reservation log