



State Administrative Services Office

Arizona Department of Emergency & Military Affairs

Auditorium Request Form

Unit Name / Agency / Date of Request

Requesting Unit / Agency _____ Today's Date _____

Requestor Information

Name _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Office Ph _____ Mobile Ph _____ Fax No _____

Point of Contact (POC) Information

Same as above

Name _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Office Ph _____ Mobile Ph _____ Fax No _____

Event Details

Date	Start Time	End Time	# of People	Activity or Training Event
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments

For questions or more details, please call 602-267-2807 or e-mail russell@azdema.gov

FOR USE BY ADMINISTRATIVE SERVICES OFFICE ONLY

Request Approved Yes No (if applicable) Reason: Already booked Maintenance Other _____

Approved by _____ Reply sent Yes No Date _____ Security Required? Yes No Fee (if applicable) _____

Method of payment: Check Cash Cashier's Check/Money Order Not Applicable _____