

LEGAL & DEMOCRATIC SERVICES FACILITY BOOKING FORM



PLEASE SPECIFY ACCOMMODATION REQUIRED
(COUNCIL CHAMBER, COMMITTEE ROOMS OR
MEETING ROOMS)

COUNCIL ROOM 1.

CLIENT'S NAME AND TELEPHONE NUMBER

SHARON WILLIAMS x2483.

NAME/DESCRIPTION
OF MEETING

PLANNING HEARING - HAFOD TILERIES.

DATE

WED.

31 AUG 11

TIME ROOM BOOKED FROM

9.00

TIME OF COMMENCEMENT
OF MEETING

9.30

TIME OF END OF MEETING

5.00

C	SERVICES	COST CENTRE	DETAIL	SUB DETAIL
P	X A	1 0 1		

AUTHORISING SIGNATURE
(ie Budget Holder)

SHARON WILLIAMS

APPROXIMATE NUMBER ATTENDING MEETING

10

WHICH OF THE FOLLOWING SERVICES/EQUIPMENT DO YOU REQUIRE?(PLEASE TICK AS APPROPRIATE)

All hot drinks @ 65p per person

☐

Mobile Media Unit (Council Chamber, Cttee Room 2 & Mtg Room 2)

☐

Biscuits @ 30p per person

☐

Hearing Loop (Cttee Rm 1 & 3, Council Chamber)

☐

Water

☒

Screen

☐

Media Wall (Cttee Room 1 & 3 only)

☐

Television

☐

Document Visualiser (Cttee Room 1 & 3 only)

☐

Video

☐

Microphones (Cttee Room 3/Council Chamber)

Flip Chart and Marker Pens @ £2.50

ACCESSIBILITY/EQUALITIES

Please consider accessibility / equalities
in relation to the people attending your
meeting and provide details of any particular
requirements.

OTHER (PLEASE SPECIFY)

Requests for alteration of room layout
must be discussed with Office Services
prior to booking

Only to be completed once the room has been set up

This facility was set
up as above by

on (Date)

To be completed by the user (please tick appropriate box)

Were all your requirements met?

YES

☐

NO

☐

If the answer to the last question was NO why were you dissatisfied?

Signed User:

Date: