



Scott A. Dumas
Chief of Police

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Meeting Room Reservation Form

Date of Application _____

Name of Organization _____

Person responsible for program _____

Address/Email Address _____

Primary Telephone _____

Meeting Date(s) _____

Starting Time _____ Ending Time _____

Estimated Attendance _____

Title, Subject and Purpose of Meeting: _____

How does this group serve the Rowley area? _____

Equipment Needed _____

I have read Chapter 82 of the Rowley Police Meeting Room Policies and Procedure and I agree to abide by them. I understand I am responsible for the proper care of the room.

Signature _____

Date _____

Approval Signature _____

Date _____