



City of Glendale Suite Reservation Form  
FOR EXTERNAL ORGANIZATIONS

Date: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Organization: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

In order to be considered, your organization must provide the following:

|                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 501c3 affidavit |
|--------------------------|-----------------|

The City of Glendale reserves the right to request proof of insurance as it deems necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax this signed form and required supplemental documentation to the Communications Department at (623) 915-2696. Please retain a copy of this form for your records.