



**COMMUNITY ROOM RESERVATION REQUEST**  
**351 Main Street | Wakefield, MA 01880**  
**781-224-5425 | email: [shsullivan@tsbdirect.bank](mailto:shsullivan@tsbdirect.bank)**

NAME OF WAKEFIELD ORGANIZATION: \_\_\_\_\_

ORGANIZATION'S PURPOSE: \_\_\_\_\_

INDIVIDUAL SUBMITTING REQUEST: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

ORGANIZATION TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE(S) & TIME ROOM NEEDED: \_\_\_\_\_

EXPECTED DURATION OF MEETING (HOURS): \_\_\_\_\_

SPECIAL REQUIREMENTS (use reverse if necessary): \_\_\_\_\_

NUMBER OF EXPECTED ATTENDEES (approximate): \_\_\_\_\_

IS THIS A RECURRING MEETING? \_\_\_\_\_

IF "YES", IS REQUEST BEING MADE FOR FUTURE MEETINGS? \_\_\_\_\_

(Use reverse if additional space is needed for details)

\_\_\_\_\_  
\_\_\_\_\_

I agree to abide by the guidelines issued by The Savings Bank (which I have reviewed) with regard to the use of the room. I understand that The Savings Bank will approve/disapprove of this request within three business days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Bank Use Only

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_