

Municipal Building Facility Coordinator
Madison Myers, mmyers@ci.lake-mills.wi.us
200D Water Street, Lake Mills, WI 53551

Receipt Number: _____
Payment Amount: _____
Coordinator Initials: _____

Period Ending May 31, 2026

CITY OF LAKE MILLS

MUNICIPAL BUILDING ROOM RENTAL SANCTIONED USER APPLICATION

Applicant Information

Name: _____
Email address: _____
Phone number: _____
Address: _____

Organization Information

Name: _____
Email address: _____
Phone number: _____
Mailing Address: _____

Is the organization based in the City of Lake Mills? Yes/No

If no, please explain the connection between the organization and the City of Lake Mills:

Purpose or Mission of Organization:

Membership Source:

Number of Active Members/Volunteers in the Organization: _____

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Has the Organization Been Established for 6 Months or Longer? Yes/No Date of Establishment: _____

Type of Organization (Please circle the applicable option):

- Non-Profit Organization
- Community Group
- Church/Religious Organization
- School/College/University
- Veteran’s Organization
- Other (Please Specify): _____

Please provide details about the purpose and frequency of your organization's events or meetings:

Please explain why you believe your organization qualifies for Sanctioned User status and why it is beneficial for your organization to use the facilities:

Agreement

I, _____, hereby attest that I have read and understood the City of Lake Mills Municipal Building Room Rental Policies and Procedures, specifically the section on Sanctioned Users. By signing this application, I affirm that all the information provided above is accurate and complete to the best of my knowledge, and that by submitting this application, my represented group is not guaranteed Sanctioned User status.

Signature

Date