



LOS ANGELES DEPARTMENT OF WATER AND POWER
CRENSHAW CUSTOMER SERVICE CENTER – COMMUNITY ROOM
4030 Crenshaw Blvd.
Los Angeles, CA 90008

APPLICATION FOR USE OF CRENSHAW COMMUNITY ROOM

Note: Proof of Non-profit status is required for Non-LADWP groups.

Name of Organization: _____

Brief Description of the Organization: _____

Requested time/date(s) of use: _____

Primary Contact Person: _____

Position/Title in Organization: _____

E-mail Address: _____

Phone Number: _____

Mailing Address: _____

Secondary Contact Person (if applicable): _____

Position/Title in Organization: _____

E-mail Address: _____

Phone Number: _____

Will this be a recurring meeting? Yes _____ No _____

I have read and agree with the Rules and Regulations for use of the Crenshaw Community Room as my organization will adhere to them.

(Printed Name)

(Signature)

(Date)

****Please emailed this form to CrenshawCommunityRoom@ladwp.com.***