

## REQUEST TO USE A MEETING ROOM

1. Name of Group or Organization \_\_\_\_\_

2. Name and phone number of a responsible person, should we need to contact someone about an emergency closing of the Library \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

3. Address of Organization \_\_\_\_\_

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4. Number of expected Attendees \_\_\_\_\_

Meeting Rooms can hold up to 100 people (auditorium seating, fewer with tables ).

[ For Staff Use: room assigned to group \_\_\_\_\_ ]

5. Date Organization would like to reserve the room \_\_\_\_\_

6. Time Meeting will start \_\_\_\_\_ AM / PM      Time Meeting will end \_\_\_\_\_ AM / PM

7. The purpose of this meeting? \_\_\_\_\_

8. Will food or refreshments of any kind be served? \_\_\_\_\_

Do you need access to a sink?      YES / NO      Do you need a coffeemaker? 12 cups or 40 cups

9. Equipment or other special needs for this meeting:       Number of Tables \_\_\_\_\_

Digital Projector       Microphone       Laptop       Television / VCR / DVD

Number of chairs \_\_\_\_\_  Other \_\_\_\_\_

**I understand that the meeting must end before the closing time of the Library, unless other arrangements have been made in advance, that the room must be clean and that if it needs to be cleaned after use I will be billed for the cost of cleaning the room. I have read the attached Meeting Rooms Use Policy and I agree that our group will abide by them.**

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Position held in the above organization

**NO MEETING ROOM USE WILL BE SCHEDULED WITHOUT THE WRITTEN APPROVAL OF THE LIBRARY DIRECTOR. A COMPLETED COPY OF THIS FORM WILL BE RETURNED TO THE APPLICANT AFTER THE REQUEST HAS BEEN APPROVED BY THE DIRECTOR.**

Signature of Library Director \_\_\_\_\_ Date Approved \_\_\_\_\_

Notes, Conditions, Limitations, Etc. \_\_\_\_\_ [  Continue on Back ]