

Application for Use of Meeting Room

Date of Meeting _____ Date of Application _____

Beginning time: _____ Ending time: _____

Name of organization: _____

Purpose of meeting: _____

Application made by: _____

Address: _____ Telephone: _____

Special requirements: _____

Refreshments (please detail): _____

Number of chairs needed _____ Tables _____

Special needs required: _____

Other things the Library Board should know: _____

Application Approved _____ Application Denied _____

I have read the meeting room policy and agree to abide by the policy.

Library Representative

Applicant