**GENERAL INFORMATION**

Name of Group/Doing Business As: __________________________
Contact Person: _________________________________________
Position: __________________________
Address: _____________________________________________
City, State, Zip Code: ____________________________________
Phone - HOME: __________________________ CELL: ___________ FAX: ___________
WORK: __________________________ EMAIL: __________________________

Library Card Number: __________________________

(The contact information above may be given to any person inquiring about this meeting.)

**MEETING ROOM LOCATION**

Library Location: __________________________
Room: __________________________

**REQUEST INFORMATION**

(Meeting Room Application must be received at least two (2) weeks prior to the event.)

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**PURPOSE OF MEETING**


**REQUEST FOR TABLES AND CHAIRS (ONLY AT THE CENTRAL LIBRARY)**

- 6 ft. square tables Quantity: __________
- Round tables (For Library sponsored events only.) Quantity: __________
- Chairs Quantity: __________

(Each group is responsible for arranging the room in the manner in which they find most appropriate for their meeting, as well as leaving the room in the manner in which it was found.)

I HAVE READ THE REGULATIONS GOVERNING USE OF THE MEETING ROOMS AND THE LIBRARY SYSTEM’S CODE OF CONDUCT AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. I UNDERSTAND AND AGREE THAT FEES FOR DAMAGE TO THE FACILITY WILL BE ASSESSED TO MY LIBRARY CARD RECORD. I ALSO UNDERSTAND THAT PERMISSION TO USE A LIBRARY MEETING ROOM DOES NOT IMPLY ENDORSEMENT OF THE AIMS, POLICIES, OR ACTIVITIES OF ANY GROUP OR ORGANIZATION.

**STAFF USE ONLY:**

  -  O APPROVED
  -  O DENIED

Date Reviewed: ___________ Reviewed/Approved By: ___________

**NOTES:**


Rev. 01/14/14

Attachment: Audiovisual Equipment Request & Check-Out Form