

MEETING ROOM REQUEST FORM

(Please print or type)

ROOM _____

Name of group: _____

Date of Meeting: _____

Meeting begins (Time): _____ Meeting ends (Time): _____

Size of group (approximate): _____

Purpose of the meeting: _____

Food served: Yes _____ No _____

Person responsible: _____

Address: _____

City _____ State _____ Zip _____

Phone number: _____

The person who signs this request form is responsible for problems or costs resulting from the specified use.

I have received and read a copy of the Meeting Room Policy and agree to follow it.

Signature: _____ Date: _____

Approved by: _____

RESPONSIBILITIES BEFORE LEAVING THE MEETING ROOM

1. Clean kitchen area and wipe down tables. Cleaning supplies will be provided.
2. Sweep floor.
3. Take home all garbage.
4. Turn off all lights and flush toilets.
5. Return room to original arrangement as shown on wall map.
6. Lock outside door when leaving.
7. Drop off key in the library book return located in the alley.

If any items are missing upon arrival or you have any problems, please contact the library staff immediately. If the library is closed please call Paula James at 993-3170 and leave a message.

Thank you.