

APPLICATION FOR USE OF LIBRARY MEETING ROOM

DATE: \_\_\_\_\_

ORGANIZATION MAKING RESQUEST:  
\_\_\_\_\_

REQUESTED DATE: \_\_\_\_\_

BRIEFLY STATE PURPOSE OF MEETING:  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL NUMBER OF PARTICIPANTS:  
\_\_\_\_\_

*(groups over 50 must get approval from Director or her designees)*

TIME SCHEDULE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
*(Rooms must be vacated by 8:30pm MON-TH and 5 pm F/S)*

EQUIPMENT NEEDED:(group responsible for set up/clean up)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USE OF KITCHEN? \_\_\_\_\_ ADVISED OF PARKING IN REAR? \_\_\_\_\_

Applicant agrees to indemnify the Fairview Heights Public Library, the Board of Trustees, the individual members thereof and all city officers and employees of the library against any claim by any person, partnership or corporation for injury, damage, cost of expense to personal property that may arise during or be caused in any way by such use of library property.

I, the undersigned, do hereby agree to the faithful performance of the foregoing and to be personally responsible for any loss by damage which may be incurred. I have read the attached library meeting room policy statement

SIGNED: \_\_\_\_\_  
*(must be city resident and show proof of residency both to reserve and on the day of the meeting)*

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_  
*The person making the application will be the contact person. That person will be held responsible for the use and condition of the meeting room and must be in attendance at the meeting for which the room is reserved. Please refer to item #2 in the meeting room policy if use is by a government entity*

REQUEST \_\_\_\_\_  
(GRANTED) (REJECTED)

FEE TO BE CHARGED: \_\_\_\_\_ NO FEE \_\_\_\_\_

ROOM TO BE USED (CHECK OFF ONLY ONE):  
SMALL CONFERENCE ROOM(CAPACITY 25) \_\_\_\_\_  
LARGE MEETING ROOM (CAPACITY 300) \_\_\_\_\_

Name of staff member taking reservation: \_\_\_\_\_ rev 11/16/117