

APPLICATION FOR USE OF LIBRARY MEETING ROOM

DATE: _____

ORGANIZATION MAKING REQUEST:

REQUESTED DATE: _____

DESIGNEE NAME (govt usage) _____

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 7:30pm MON-TH and 5 pm Fri/Sat)

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: _____ **Print Name** _____
(must be city resident and show proof of residency both to reserve and on the day of the meeting)

F.H. 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 11/16/17