

Request for Use of Meeting Room(s)



Name or Group of USERS _____

Purpose of Meeting _____

Approximate Number to Attend _____

Requested Date(s) of Use _____ Hours of Use From _____ To _____
(include setup/takedown time)

The purpose of this meeting is for a Not-for-profit event For profit event

As the authorized representative for the USERS, I acknowledge:

- I have received and agreed to abide by the District's Code of Conduct.
- I understand that the room is NOT reserved until confirmed by District staff.
- Premises must be left in a clean and orderly fashion.
- If AV training is needed, I agree to schedule training with library staff at least 24 hours ahead of the meeting.
- I understand that I may be charged for any damages caused by this meeting room use, including cleaning fees.

RESPONSIBLE PARTY SIGNATURE DATE

NAME (Please Print) TELEPHONE

MAILING ADDRESS

EMAIL ADDRESS

Approved Not approved Patron notified

Staff name: _____

Date: _____