

**INGLESIDE PUBLIC LIBRARY
APPLICATION FOR USE OF MEETING ROOM**

Organization: _____ Application Date: _____

Presiding Officer: _____

Phone #: Office _____ Home _____

Contact Person: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Office _____

Purpose of Meeting:

Dates of Meeting: _____

Time: _____ Expected Attendance: _____

Chairs: _____ #Tables: _____ Refreshments? Yes _____ No _____

I have read the Meeting Room Use Policy and will inform our membership of their responsibilities for using the Meeting Room of the Ingleside Public Library. I accept responsibility for leaving the room in good order or any damages that may occur to the facility or equipment resulting from our use and agree to pay the cost of repair or replacement. The Ingleside Public Library will not be responsible for damage or loss of materials used or left in the building.

Date: _____ Representative: _____

Library Director or Assistant Librarian

Date Approved