



Community Library Meeting Room Application

Name of the Person Agreeing to Assume Responsibility for the Library Facility

Address _____ City/Zip _____

Telephone ____ - ____ - _____ Patron Card number _____

Organization the Applicant represents _____

Date of the Meeting _____ Time from _____ to _____

Number of chairs required _____ Tables required _____

Do you need to use the kitchenette for light refreshments? _____

The undersigned applicant agrees to indemnify and hold harmless Community Library and its employees or agents against all liability to persons or property on the premises.

Applicant Signature _____ Date _____

This application has been approved. Yes / No

Library Personnel Signature _____ Date _____

\$15.00 ROOM DEPOSIT

Received by _____ Date _____

Cash ____ Check ____

DEPOSIT RETURNED*

Received by _____ Date _____

Amount Returned _____

If all deposit not refunded, why?

*Checks not retrieved within 30 days following use of the meeting room will be destroyed. Cash not retrieved within 30 days following use of the meeting room will be considered a donation to the Community Library.

Community Library
44 Burrer Drive | Sunbury, Ohio 43074
Phone: 740-965-3901 | Fax: 740-965-1258
<http://www.yourcl.org>