



Multipurpose Room Application.

ORGANIZATION INFORMATION.

Organization name: _____

Organization address: _____

Purpose of organization: _____

APPLICANT INFORMATION.

Name and title of applicant: _____

Address: _____

Telephone number: _____ Best time to call: _____

MEETING INFORMATION.

Date requested: _____ Day of the week: _____

Start & end time: _____ Expected attendance: _____

Purpose of meeting: _____

Please note any special accommodations your organization requires.

**I have read, understand, and agree to abide by the
Rules Of Use as printed in the library's Multipurpose Room Policy.**

Name - please print and sign

Date

Granted

Denied

Date applicant notified

Office signature