

RESERVE A SPACE FORM

Date Submitted: _____

Type of Use

- Meeting of individuals, government agency, or community or local organization
- Nonprofit group for philanthropic, educational, cultural, or civic purposes
- Business or organization for internal training or professional purposes
- Social Use *(Community Room ONLY - \$100 deposit, \$25 returned if room clean/no damage Deposit due 1 week upon approval. After Library Hours ONLY)*

Space requested:

- Conference Room (occupancy)
- Makery (occupancy)
- Community Room (occupancy) *ONLY After Hour Space Available*

Do you intend to charge a fee to attendees? Yes No

Contact Information

Applicant Name (contact name): _____

Organization/Business Name: _____

Address: _____

Phone: _____ Email: _____

Reservation Details

Requested Date(s) of Use: _____

Requested Beginning Time (include necessary set-up time): _____

Requested Ending Time (include necessary clean-up time): _____

Community Room Special Requests (check all that apply)

- Kitchenette access
- Storeroom access with additional tables and chairs
- Audiovisual equipment – please specify: _____

AUTHORIZED STAFF USE ONLY

Approved: _____ / _____ Date: _____
Print Name/Signature

Program/Event has been added to Google Calendar: Yes No
Community Room Policy has been given/sent to applicant: Yes No
Community Room Policy returned & signed: Yes Date: _____
Deposit Received: Yes Received By: _____ Date: _____
Security Deposit Returned: Yes No Date: _____

Disapproved: _____ / _____ Date: _____
Print Name/Signature

