

Carbon County Library System

Meeting Room Application

Meeting Room Location _____

Name of Group _____

Group Representative Contact

Representative Name _____

Phone Number(s) _____

Address _____

Refundable Deposit (\$50.00)

Cash _____ Check _____

Acknowledgment

I am an authorized representative of the group named above.

I have read the Library Meeting Room Policy.

I agree to abide by the terms and conditions set forth in the Library Meeting Room Policy.

I understand submission of a request does not mean the event has been scheduled.

I understand the Library is not liable for theft, injury, or damages while using the Meeting Room.

Signature/Title

Date

Requested Times

Dates & Times Needed _____

Dates & Times Needed _____

Dates & Times Needed _____

Office Use Only

Meeting Room Request Form Accepted: date _____ initials _____

Deposit Refunded: date _____ initials _____

Special Requests _____
