

Carbon County Library System

Meeting Room Request Form

Meeting Room Location _____

Name of Group _____

Contact Person _____

Phone Number(s) _____ Address _____

Deposit Paid: Cash _____ Check _____

(Deposit will not be refunded until key is returned and room is clean)

Dates and Hours Needed

Dates and Hours Needed

I am an authorized representative of the group named above and agree to abide by the terms and conditions set forth in the Library Meeting Room Policy. I agree to return any keys checked out to me **within 24 hours** of the meeting time. **If an outside door key is checked out to me, I understand that the outside door is not to be propped open and left unattended at any time. Entrances are to be secured at all times to insure the security of the building and for the protection of participants in the building. Any damages done to the building could be assessed to the group using the meeting room. I understand that the Library System is not responsible for lost or stolen items.**

Signature/Title _____

Date _____

Please return the form and keys to the Librarian where the keys were checked out. If the library is closed after the meeting is over, the key may be returned in the book drop; located by the main entrance of the library.

Office Use Only

Meeting Room Request Form Accepted: date _____ initials _____

Deposit Refunded: date _____ initials _____