

FRANKLIN COUNTY PUBLIC LIBRARY

Brookville 2012

MEETING ROOM USE AGREEMENT

1. I have read and agree to all stipulations as set forth in the Meeting Room Use Policy and Guidelines.
2. I agree to be financially responsible for all damages and extraordinary custodian services deemed necessary following the scheduled meeting. Charges will be assessed, billed, and payable within thirty days.

Name of Organization _____

Representative _____

Address of the Organization and/or the Representative
Street Address _____

City _____ ZIP _____

Work Phone _____ Home Phone _____

Meeting Date(s) _____

Expected Attendance _____

Purpose of Meeting _____

Equipment needed: Podium _____ Power Point System _____ TV _____

VCR _____ Overhead Projector _____ DVD _____ Tables _____

Please note: If a presenter needs instruction for the equipment, it should be scheduled before the meeting date if at all possible.

I agree to the requirements set forth in this form and the Meeting Room Use Policy.

_____ Date _____
Responsible Party Signature

Staff member receiving this application: _____ Date _____

Approved by Director _____ Date _____

After-Use Inspection _____ Date _____
Staff Signature