

FARMINGTON AREA PUBLIC LIBRARY DISTRICT

Application for Meeting Room Use

Name of Organization_____

Purpose of Meeting_____

Name & Position of Contact Person_____

Address and Phone Number of Contact Person_____

Date(s) of Meeting(s)_____

Time of Meeting (Beginning and Ending)_____

Agreement

I have received and understand the policies governing use of the library meeting room. I accept responsibility to see that the organization I represent abides by the established rules and regulations.

Signature of Contact Person

Date