

Attendance per visit:	
_____	_____
_____	_____
_____	_____
_____	_____

*Franklin County Public Library District
Meeting Room Use Agreement*

For Library Use:
Date(s): _____
Time: _____
Room: _____
of Attendees: see left box

1. I have read and agree to all stipulations as set forth in the Meeting Room Use Policy and Guidelines found at: <http://fclibraries.org/services/meeting-room-policy-agreement/>
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 Code _____

Work Phone _____ Cell Phone _____

Meeting Date(s) _____

Purpose of Meeting _____

Equipment needed:

<i>Item</i>	✓	<i>Item</i>	✓	<i>Item</i>	#
Podium		Laptop		Tables	✓
Kitchen		Projector		Chairs	✓

Please note: If a presenter needs instruction for using the equipment, instructional time should be scheduled before the meeting date if possible.

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

_____ Date _____

Responsible Party Signature

Inspection check list after use:

Equipment _____ Sink/Stove/Refrigerator _____ Tables/Chairs _____ Carpet _____
Restrooms _____ Restroom keys _____ Coffee pot _____

Initials of staff person completing inspection _____ Date _____