

<b>Attendance per visit:</b>	
_____	_____
_____	_____
_____	_____
_____	_____

*Franklin County Public Library District  
Meeting Room Use Agreement*

<b>For Library Use:</b>
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 \_\_\_\_\_