

TOULON PUBLIC LIBRARY DISTRICT

Application for Community or 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