

APPLICATION FOR MEETING SPACE AT MARION COUNTY LIBRARY

NOTE: No meeting space is reserved until a completed, signed Original of this form is approved by the Library Director.

1. Name of applying Organization/Group/Individual:

2. Contact Information:

Physical and Mailing Address: _____

Contact Name & Telephone: _____

E-mail: _____

Alternate Contact Name and Contact Telephone:

3. Type of Organization: _____

4. Purpose of the Meeting: _____

5. Requested Date and Time of Meeting: _____

Space to be available starting at: _____

Space to be vacated by: _____

Please make arrangements prior to the meeting for required tables and chairs.

6. Describe Refreshments, if any: _____

I have read and agree to the terms of the library's Meeting Space Policy

Authorized Signature

Date: _____

Approved: _____
Director

Date: _____