

Benton Public Library District
Request for use of the Meeting Room

Organization

Name: _____

Requester's

Name: _____

Address: _____

Phone number:

(day) _____ (evening) _____

Purpose of

meeting: _____

Meeting Date & Times: _____ Day of

Week: _____

Number of people attending: _____ (40 maximum)

Number of chairs needed: _____ Number of tables
needed: _____

Will refreshments/food be served: ()yes ()no

I have read the meeting room policy and agree to leave the room in a clean and orderly condition in which I found it. We agree to pay for the cost of repair or replacement for any damage to the facility or equipment not covered by the security deposit. The library is not responsible for damaged or loss of materials used or left in the building by the group or organization.

By submitting the request, I am assuring the library that the above information is correct and that any advance publicity should in no way involve the library other than as a place of meeting. I realize violations of the rules will result in the cancellation of the meeting and possible repercussions in scheduling future use of the meeting room by this group or individual.

Signature: _____ Date: _____

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Library use only: Date _____ () approved () Not approved
() Confirmation letter sent () Security deposit received

Return this form the Library Director, Benton Public Library, 502 S. Main St., Benton, IL 62812, or by fax 618-439-6139.