

DOUGLAS PUBLIC LIBRARY
Application for Use of Meeting Room

Name of Organization:
Purpose of organization:
Contact person:
(Must be 18 years of age or older)
Library card number or other ID:
Address:
City, State, Zip Code:
Home Phone Number:
Work Phone number:
Dates Requested:

Times Requested:
From: To:
From: To:
From: To:
From: To:
From: To:

Estimated attendance of meeting(s):

I have read the meeting room policy and procedures, and I agree to comply with them. I agree to be responsible for the conduct of the members of this organization during the time they use the Library's meeting room space.

Signature of Contact Person

Date