

COMMUNITY MEETING ROOM REQUEST FORM
Saugerties Public Library

Scheduling requests must be made at least two (2) weeks in advance.
Please fill out this form completely.

Organization's Name _____

Responsible Party's Name _____

Address _____

City/State/Zip _____

Phone Number (____) _____ E-Mail _____

Date(s) of Meeting _____

Time of Meeting _____ AM / PM Approximate attendance _____

Use of AV Equipment: Yes / No (circle one) – Fill out the **Audio-Visual Equipment Checklist**.

Will a film/video be shown? Yes / No (circle one); Name of film/video _____

Any film/video to be shown in the Community Meeting Room must be disclosed to the Library so that copyright compliance can be assured. No applicant may show any film/video for which valid permission for a public showing is not in place.

Purpose of Meeting _____

Note: Your request is not scheduled until you receive confirmation from the Library.

I have read and agree to the *Community Meeting Room Use Policy* and confirm that Library space will not be used for commercial purposes. I am a resident of the Town of Saugerties and the Organization I am applying on behalf of is located within the Town.

Responsible Party's Signature _____

Print Name _____ Date _____

Library Use Only

Date Received:

Date Approved:

Staff Initials:

Adopted 12.14.2010

Revised 8 9 2011

Revised 12 13 2011 (WOH)