

## Lowell Public Library Meeting Room Application

Name of Organization \_\_\_\_\_  
 Purpose of Organization \_\_\_\_\_  
 Name of Contact Person \_\_\_\_\_  
 Approximate Number of People Attending \_\_\_\_\_  
 Telephone Number of Contact Person \_\_\_\_\_  
 Address of Contact Person \_\_\_\_\_

List each day of the week, each month, the date, the time and whether your group would like to use the program room \_\_\_\_\_ or the meeting room \_\_\_\_\_ (tables are set up)

### New Policy for Meeting Rooms

Effective immediately:

It is your responsibility to clean up after your group. Failure to do so will result in a fine against you or your group and you will lose the privilege of reserving the room for you or your group. A \$50 fee will be assessed to the group. It is your responsibility to leave the room clean.

The Library is a non-smoking facility so the meeting rooms are also non-smoking.

Date and sign here that you agree to these conditions

Day of the week	Month	Year	Dates	Time	Meeting Room	Program Room	Confirmed
	January						
	February						
	March						
	April						
	May						
	June						
	July						
	August						
	September						
	October						
	November						
	December						

We have read and understand the meeting room policy. We understand that any organization which fails to observe the policy may be required to pay a fee and may lose the privilege of using the meeting room or the program room in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form at least one week before your meeting. Because the rooms are a part of the library, the library reserves the right to request its' rooms as needed. A one month notice will be given should the room be needed.