



# Jackson County Public Library Meeting Room Application

*Before filling out application, please read the attached Meeting Room Policy.*

## APPLICANT INFORMATION

Date: \_\_\_\_\_

Name of Group/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Website (if applicable) \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Representative Making the Request: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the organization a 501(c)(3) organization?  Yes  No

## EVENT INFORMATION

Title of Meeting/Event: \_\_\_\_\_

Purpose & Description of Meeting/Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of meeting/event: \_\_\_\_\_ Time of meeting/event: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Audiovisual Equipment Requested: \_\_\_\_\_

**\*\*\*\* Please attach to this application a copy of your government-issued photo ID. \*\*\*\***

I, as an individual or a representative of a group or organization, accept responsibility for any damage or loss of library equipment incurred to the Library as a result of the use of the library meeting room. By signing below, I am attesting that I have read the Library's meeting room policy and agree to abide by all terms and conditions stated therein.

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

### For Library Use Only

Received by (library staff member): \_\_\_\_\_ Date Received: \_\_\_\_\_

Library Director's Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Library Director: \_\_\_\_\_ Date Approved: \_\_\_\_\_