

# **LIBRARY COMMUNITY ROOM USE APPLICATION**

Date \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Responsible Person \_\_\_\_\_ Phone \_\_\_\_\_

Date Required \_\_\_\_\_ Time from: \_\_\_\_\_ To: \_\_\_\_\_

Purpose \_\_\_\_\_

The undersigned agrees to leave the premises clean. All food will be removed. The coffee pot will be cleaned, dried, and stored in the cabinet below the sink top. All trash will be removed. Doors will be locked upon leaving. No access to the library will be allowed after regular library hours unless an explicitly identified FOCCL volunteer is present.

If the above requirements are not followed, future use of the Community Room will be denied. Any damage to the facility, furnishings or equipment, will be assessed against the user.

The Library assumes no liability for loss or damage to property of person using the Community Room.

Signed \_\_\_\_\_