

ESSEX PUBLIC LIBRARY
MEETING ROOM RESERVATION FORM
Fax to 804-443-6444

Name of Group: _____

Individual responsible for group: _____

(Print)

Meeting Date: _____ Time: _____

Non profit: _____ For profit: _____

Purpose of meeting:

As an authorized representative of the organization named above, I have read and agree to comply with the conditions for the use of the Essex Public Library meeting room as stated in the Meeting Room Use Policy.

- I understand there is a fee of \$10.00 per hour or any portion of an hour before or after normal operating hours.
- I accept responsibility for any damage to library property and will report such damage to the staff.
- I shall be responsible for assuring that the room is left in the same condition as it was found, with the furniture arranged as in the diagram posted in the room.
- I understand that the exchange of money or products, demonstrations of products, or charging of fees is not permitted at meetings conducted by for-profit groups or individuals.

Signature: _____

Address: _____

Phone Number: _____ Date: _____

The library is not responsible for any injuries incurred during the use of the meeting room or for any lost or stolen property.