

**ROXBURY PUBLIC LIBRARY**  
**Application for use of a Library Meeting Room**

Name of Organization \_\_\_\_\_ Date of Application \_\_\_\_\_

Roxbury Township Organization (check) yes \_\_\_\_\_ no \_\_\_\_\_

Is this a non- or not-for-profit organization? (check) yes \_\_\_\_\_ no \_\_\_\_\_

Purpose or function of organization \_\_\_\_\_

Purpose or function of meeting \_\_\_\_\_

Estimated total attendance per meeting \_\_\_\_\_ Estimated Roxbury Residents \_\_\_\_\_

Applying for: \_\_\_\_\_ large meeting room, capacity = 100 people  
 \_\_\_\_\_ small conference room, capacity = 10 people  
 (available only during Library hrs.)

Equipment needed other than tables and chairs \_\_\_\_\_

Applicant name \_\_\_\_\_

Applicant Roxbury Library Card number \_\_\_\_\_

Applicant e-mail address \_\_\_\_\_

Applicant address \_\_\_\_\_  
 Mailing address (if different) \_\_\_\_\_

Applicant telephone number (daytime) \_\_\_\_\_ (evenings) \_\_\_\_\_

Calendar Date	Hour-Begin	Hour-End	Topic	Speaker

*Please use other side for additional dates*

**PLEASE COMPLETE, SIGN & RETURN APPLICATION TO THE FRONT DESK.  
 YOU WILL RECEIVE A CONFIRMATION OF YOUR REQUEST.**

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I have **READ AND TAKEN** the Library Board's "Meeting Room Policy" and agree to abide by it. I understand and agree that if this application is approved, I assume responsibility for: any payment due to the Roxbury Public Library; the preservation of order; liability for any damage to or loss of property that may result from this use; and the due observance of all regulations of the Library Board of Trustees. I understand that it is my responsibility to notify the Library immediately in the event of cancellation. I also understand that the Roxbury Public Library cannot provide janitorial services for setting up or taking down furniture, exhibits, or other equipment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Use for additional dates:

Calendar Date	Hour-Begin	Hour-End	Topic	Speaker

Application received date \_\_\_\_\_ by \_\_\_\_\_

Application approved Date \_\_\_\_\_ by Library Director \_\_\_\_\_

Forward to Board of Trustees? \_\_\_ no \_\_\_ yes

Board approval date \_\_\_\_\_ Board Notes \_\_\_\_\_