



**APPLICATION FOR THE USE OF THE COMMUNITY MEETING ROOM
AND MEDIA CENTER**

DATE OF MEETINGS: _____ DATE OF APPLICATION: _____

TIME ROOM REQUESTED: FROM: _____ TO: _____

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

NAME OF INDIVIDUAL FILING THE APPLICATION: _____

ADDRESS: _____

PHONE #: _____

PURPOSE OF THE MEETING: _____

EXPECTED ATTENDANCE: _____

EQUIPMENT TO BE SUPPLIED BY THE LIBRARY: _____

USE OF KITCHEN: _____

ADDITIONAL INFORMATION/REQUESTS: _____

It is hereby understood and agreed that if this application is granted, the undersigned will assume all and exclusive liability for the preservation of order and the sole and exclusive liability for any injury to persons and any damage to, or loss of property that may result from this use and for the due observation of all regulations of the Board of Trustees. It is also understood that in case of any emergency, such as severe snowstorms when use of sidewalks, driveways and parking areas may not be available, it is the responsibility of the undersigned to determine whether or not the event will be cancelled and if this is so, the Library should be notified immediately. If the Library closes due to weather or another emergency, the authorized representative from the organization will be contacted as soon as this decision has been made.

I will be in attendance and will serve as the designated representative of this organization.

Meetings that are held on Monday through Thursday nights must start before 8:00 PM and may last after the Library is closed at 8:00 PM. In such instances, the designated representative of the organization must meet with the Director, Library Manager or Supervising Librarian to be instructed in closing procedures that will ensure the building's security upon leaving. This representative will be responsible to pick up the key at the Reference Desk before the start of the meeting and return the key to the Reference Desk no later than noon on the following day.

There will be a \$25.00 fee if the Meeting Room Area key is lost or misplaced.

Signature: (Executive Officer or Designated Representative)

Address:

Phone:

Checks should be made payable to the West Caldwell Public Library.

Please return the completed application to:

Samantha McCoy, Library Director

West Caldwell Library

30 Clinton Road

West Caldwell, NJ 07006

FOR LIBRARY USE ONLY

Date Application Received:

Approved by:

Fee Paid:

Room & Equipment Checked for Condition:

Returned:

Date of Approval:

Date Security Deposit:

Approved by the WCPL Board of Trustees January 21, 2009