Reiher Family Meeting Room Application
West Caldwell Public Library

Date of application: ______________
Name of individual filing application: ____________________________
Name of organization: ____________________________
Address of organization (should match tax exempt form):
____________________________________
____________________________________
Are you a non profit? Y N

Date of meeting: _________
Time of meeting: _________
Type of meeting: _______________
Expected attendance: ____________

Contact phone: ____________________________
Email: ____________________________

Fee Schedule (circle one)
Full payment is required at the time of application. The date is considered open until payment is received. The Reiher Family Meeting Room is reserved for a minimum of two hours.

- **Nonprofit Group, West Caldwell based**
  - No charge
- **Nonprofit Group, Outside West Caldwell**
  - $50 for the first hour, $25 for each additional hour
- **Private Group, West Caldwell based**
  - $100 for the first hour, $25 for each additional hour
- **Private Group, Outside West Caldwell**
  - $100 for the first hour, $50 for each additional hour

Circle requested equipment:
- Kitchen $35
- Projection system $25
- Piano $25

Approved 05.15.19
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.

Signature: (Executive Officer or Designated Representative) ____________________

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:

Approved 05.15.19