

*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

Approved 05.15.19

Approved 04.20.22

Circle requested equipment:

- Kitchen \$35
- Projection system \$25
- Piano \$25

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 observance 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 canceled 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:

Date of Approval:

Approved 05.15.19

Approved 04.20.22