



BERGENFIELD PUBLIC LIBRARY
50 W. CLINTON AVENUE  BERGENFIELD, NJ 07621
PHONE (201) 387-4040 FAX (201) 387-9004

**APPLICATION FOR USE OF MEETING ROOM
BY OUTSIDE ORGANIZATION**

Date requested: _____ Day of week: _____ Time: _____

Organization: _____

Person applying: _____ Position in group: _____

Address: _____

Phone (Business) _____ (Home) _____

President of group: _____

Address: _____ Phone: _____

Type of meeting: _____
(Speaker, film, discussion, organizational, etc.)

Subject of activity: _____

Any special requirements or equipment needed? _____

Expected attendance: _____ (100 maximum capacity if auditorium style; 60 maximum if chairs around tables)

The applicant agrees to return the library facilities to a clean and orderly condition at the end of the activity and to pay the cost of repair or replacement of any damage to the facilities or equipment.

The applicant has read the attached policy regarding use of the meeting room and agrees to abide by the regulations listed.

If applicant is requesting to use facilities during the evening hours, meeting room must be vacated no later than 8:45 pm unless other arrangements have been approved.

Dated: _____

(Signature of applicant)

(Retain one (1) copy for your records.)

PLEASE NOTE
Please wait for **APPROVAL** notification prior to making any arrangements
for use of the Meeting Room facilities.