

Taylor Public Library

MEETING ROOM RESERVATION APPLICATION

Instructions: Please completely fill out the application and bring this form with the require deposit in person to the Taylor Public Library. Your contact person is responsible for all the requirements of the Meeting Room. Please read the entire policy prior to completing this form. Your reservation will not be scheduled until the Library receives this completed **form** and **deposit**.

Name of Individual filling out application: _____

Organization Name: _____

Check Type of Organization: Business Nonprofit Taylor Nonprofit Taylor ISD City Affiliated

Organization Address: _____

Organization/Contact Phone Number & Email Address: _____

Meeting Date: _____ Approx. Number of Attendees: _____ Open to Public: yes no

Meeting Time (includes setup & cleanup): _____

Purpose of function: _____

As the authorized representative of the above organization or business, I hereby apply for use of the Taylor Public Library Meeting Room. My group and I agree to follow all the rules and procedures in the Meeting Room Policy & understand that my group or I will be responsible for paying any damages, losses or cleaning expense that may result in our use of the Meeting Room.

Signature: _____

Title: _____ Date: _____

Staff information only:

Application received (date): _____ by Staff (name): _____

Deposit amount received: _____ Room Rental received: _____ Kitchen rental: _____

Nonprofit status verified: _____ Signage/Literature Distribution: _____

Special requests: After Hours Approved by: _____ Key Issued: _____

Food Request Type of food & reason: _____

Equipment Set up needed & why: _____

Application Approved Library Director: _____ Date: _____

Not Approved Reason Not Approved: _____