

ATTACHMENT B

[Before filling out this application, please read the attached policy and regulations.]

**LAKE COUNTY LIBRARY SYSTEM
APPLICATION FOR USE OF BRANCH LIBRARY MEETING ROOMS**

Today's Date: _____

Name of Group/Organization: _____

Your Name: _____

Your Address:: _____

Phone: (Home): _____ (Business): _____

If not available, who do we contact? _____

Phone: (Home): _____ (Business): _____

Are you requesting one time usage? Yes: _____ No: _____

If No, how often would you like to use room? Weekly Bi-Weekly Monthly Other

Starting Date: _____ Frequency (ex. Every Wed.) _____

Time: (From) _____ (To) _____ Attendance: _____

Requested set-up (chairs, tables, equipment): _____

The applicant agrees to leave the library facilities in a clean and orderly condition at the end of the activity and to pay the cost for repair of any damages to the facilities. The Lake County Library System and its Branch Libraries will not be responsible for any materials or equipment left in the building. NOTE: Approved applications expire one (1) year from date of submittal.

I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE ATTACHED POLICIES AND REGULATIONS.

_____ Date _____ Signature of Applicant

DO NOT WRITE BELOW THIS LINE

_____ Approved _____ Disapproved _____ Comments: _____

_____ Date Received _____ Branch Manager or Designee _____

AST CML CIT FRO LC AI