

Defiance Public Library System

Meeting Room Application

Approved 2022.11.30

Meeting Room Requested: Sherwood Branch Library Johnson Memorial Branch Library

Date of Application _____

Applicant _____

Phone _____ email _____

Address _____

Group Name _____

Address _____

Phone _____ email _____

Nonprofit: YES NO

Purpose of meeting:

Meeting Date _____ Estimated Attendance _____

Time: From _____ am/pm To _____ am/pm

Please allow time for setup, breakdown, and cleanup of the room.

Defiance Public Library System does not provide consumable supplies such as paper, pens, or markers.

I have read Defiance Public Library System's Meeting Room Use Policy and signed the DPLS indemnification and release form. By signing this document, I agree to comply with all policies, rules, and procedures detailed in said documents. I accept responsibility for the use of the space allocated. I understand that the library reserves the right to impose reasonable and actual administrative costs on the user, including but not limited to necessary security, clean-up, and traffic management costs so that same is not borne by the library and taxpayers.

Signature of applicant _____

Approved by _____ (Director or Designee)