



## Meriden Public Library MEETING ROOM APPLICATION

Applications for the use of library meeting rooms *must be submitted in writing at least 2 weeks prior to the date of the meeting*. Meeting dates are not confirmed unless application is signed by library staff.

**Note:** The Meriden Public Library does not provide audiovisual or special equipment such as laptops, cables or microphones, etc. If a projector is needed, a rental fee of \$25 will be charged for each date used and an audio visual walk through must be scheduled. We encourage organizations using the room to provide their own equipment and personnel to operate it.

### **MEETING INFORMATION**

**Meeting Date(s)** (Must be at least 2 weeks from date of request)

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**Start Time** (No access to building before library opens to public) \_\_\_\_\_

**End Time** (Room must be vacated no later than 15 minutes before closing) \_\_\_\_\_

**Title & Description of Meeting:** (Without exception, must be free and open to the Public)

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**Name of Sponsoring Non-Profit Organization (No fee) or Business/Condo Association (\$50 fee for each date)**

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**Confirmation mailed to** (name & address or email address):

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**MEETING ROOMS AVAILABLE - NOTE:** If you are having refreshments in the meeting room, you are required to leave a Clean up fee of \$25 which is refunded if the meeting room is left in good condition.

\_\_\_\_\_ **Griffin Room** (the full room maximum 80 chairs)

Do you need: Podium \_\_\_\_\_ Projection Screen \_\_\_\_\_ \*Projector \_\_\_\_\_ (There is a \$25 rental fee for use of projector and MUST SCHEDULE audio visual walk through at least 2 weeks before meeting.)

Number of chairs: \_\_\_\_\_ Number of tables: \_\_\_\_\_ Refreshments? Yes No

\_\_\_\_\_ **Griffin Room A OR Griffin Room B** (seating for 30-35)

Number of chairs: \_\_\_\_\_ Number of tables: \_\_\_\_\_ Refreshments? Yes No

\_\_\_\_\_ **Cook Room** (seating for 40) Number of chairs: \_\_\_\_\_ Number of tables \_\_\_\_\_ Refreshments? Yes No

\_\_\_\_\_ **Seminar Room** (Has one large table and 6 chairs in room) Refreshments? Yes No

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### **REQUIRED SIGNATURE**

I, the undersigned, certify that the foregoing statements are true and complete to the best of my knowledge. Furthermore, I have read and understand the Meeting Room Policy and agree to abide by the rules, regulations and restrictions stated therein. I will bring approved confirmation to obtain entrance to room. Enclosed is a room rental fee of \$50 for each date requested (*only applies to Condo/Business Associations*) and/or any additional fees (projector or clean up fee).

**Signature** \_\_\_\_\_

*Executive Director or Chief Financial Officer*

**Print Above Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Email** \_\_\_\_\_

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### **CONFIRMATION (by Library Staff)**

\_\_\_\_\_ confirmed for \_\_\_\_\_  
Room \_\_\_\_\_ Dates \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Room Rental fee recd \_\_\_\_\_ Check Number \_\_\_\_\_ Projector fee \_\_\_\_\_ Date recd \_\_\_\_\_

Clean up fee \_\_\_\_\_ Date recd \_\_\_\_\_ Refunded/Not Refunded \_\_\_\_\_ Refund mailed \_\_\_\_\_ Rev. 10/2011