



## 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, 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)

---

**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)

---

**Name of Sponsoring Non-Profit Organization (No fee) or Business/Condo Association (\$75 fee for each date)**

---

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

---

**MEETING ROOMS AVAILABLE - NOTE:** If you are having refreshments in the meeting room, you are required to leave the meeting room in good condition.

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

Do you need: Podium \_\_\_\_\_ Projection Screen \_\_\_\_\_ \*Projector \_\_\_\_\_ ( MUST SCHEDULE audio visual walk through at least 2 weeks before meeting.)

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

---

### **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 \$75 for each date requested (*only applies to Condo/Business Associations*) and/or any additional fees (projector).

**Signature** \_\_\_\_\_  
*Executive Director or Chief Financial Officer*

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

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

---

### **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 \_\_\_\_\_