

PORTALES PUBLIC LIBRARY
Meeting Room Reservation Form

Meeting type (*circle one*)

- Educational
- Civic
- Cultural
- Governmental

Date of meeting _____

Time of meeting (*include set-up and clean-up time*)

Start _____ a.m. / p.m. End _____ a.m. / p.m.

Estimated Attendance _____

Organization Name _____

Address _____

Name of person making reservation _____

Phone: Home _____ Work _____

Nature of meeting _____

Agreement

I have read the rules and regulations governing the issuance of this application and understand them. Furthermore, I, the undersigned, personally and officially for (*organization name*) _____ agree to abide by the Meeting Room Policy and to assume complete responsibility for any damages and / or losses to the room, and I agree to also pay City's legal expenses incurred, in enforcing this agreement.

Signature _____ Date _____

Staff to complete the following section:

Date of application / deposit payment _____

Approved by _____

Deposit refunded (circle one) Yes; Date _____

No; Reason _____
