

# SOLOMON WRIGHT PUBLIC LIBRARY MEETING ROOM USE REQUEST

Organization/Name:

Contact Person for the Event:

Address of Organization:

Telephone Number of Contact Person:

Email of Contact Person:

Date of Event:

Time:

Please Choose Desired Event Location:

Lucy Wright Case Reading Room

Community Room

General Library Area

Approximate Number of People Expected: \_\_\_\_\_

The Board of Directors, employees and volunteers of the Solomon Wright Public Library shall not be liable for actions taken or accidents occurring or resulting from the use of the Library facilities by you or your organization. You

will be held responsible for any damage, additional costs for personnel and/or replacement or repair of facilities or equipment, which will be determined solely by the Library Board.

I have read and agree to abide by the Meeting Room Policy, as detailed on SWPL website ([www.solomonwrightpubliclibrary.org](http://www.solomonwrightpubliclibrary.org), under heading Library Policies).

Signature:

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Date: \_\_\_\_\_

Approved by:

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Date: \_\_\_\_\_