

RESTRICTED ACCESS

# Meeting Room Application for Use



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## Scheduling Details

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Today's Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Time (including setup & clean up): from \_\_\_\_\_  am  pm  
to \_\_\_\_\_  am  pm

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## Contact Information

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Organization: \_\_\_\_\_

Event Purpose: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Equipment Needs

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\_\_\_\_\_ Number of chairs (up to 55)

\_\_\_\_\_ Number of tables (up to 8)  
Tables are 30" x 60"

The following items require an orientation with library staff before your meeting:

LCD Projector

Projection Screen

Conference Phone

Laptop Computer  
(limited availability)

[More information →](#)

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## Type of Use

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Is your group a non-profit, community organization, or local government or other civic group?  Yes  No

Is this a private event (not open to the public)?  Yes  No

Will attendees pay to attend this event?  Yes  No

Will your group do any fundraising at this event?  Yes  No

Will any products or services be sold at this event, directly or indirectly?  Yes  No

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## Certification

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By signing or entering my name digitally below, I agree that I am familiar with the Lake County Library District's Meeting Room Policy. I agree that I and my organization will abide by the Meeting Room Rules of Use. I further agree that I or my organization will pay the room fee (if applicable) and take responsibility for any loss or damage to the property, building, furnishings, artwork, or equipment that results from the group's use of the facility. My signature below also certifies that I have received, read, and understand a copy of Oregon Health Authority's "Statewide Reopening Guidance - Gatherings, Indoor Social Get-Togethers" and agree to abide by the requirements of that document.

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

### Staff Use Only:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  accepted  denied

Date contacted about decision: \_\_\_\_\_

Hours of Use: \_\_\_\_\_ Fee (if applicable): \_\_\_\_\_ Date Paid: \_\_\_\_\_

Notes: \_\_\_\_\_

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