

## Community Room RENTAL AGREEMENT

NAME:			
ORGANIZATION:			
LIBRARY FUNDING AGENCY:	YESNO IF YES	, AGENCY NAME:	
ADDRESS:			
CITY/STATE/ZIP:			
PHONE NUMBER:			
REQUESTED DATE:		TIME (FROM/1	ГО)
FUNCTION:			
ESTIMATED NUMBER IN ATTE	NDANCE:		
REQUESTED AREA(S):	MEETING F	ROOM	FOOD/BEVERAGE SERVED
I hereby make application for us responsible person and will be p			the public library. I certify that I am the ested function.
I, and those I represent, agree to Community Spaces" policy. Office	-	•	I have received a copy of the "Use of mpliance as required.
	heft. I further understan	d if the cost to repair or	self or guest bring about I will be replace is more than my deposit that I
Trustees or funding agencies sha or their persons or property aris or by breakage, stoppage, or lea	all not be liable to the ap ing from theft, burglary, kage of water, gas, heati ent to the premises unles	plicant or applicants' gue water, rain, snow, sleet, ng, cooling and sewer pip	ic Library, its employees, Board of ests/group/etc. for any damage to them fire, explosion, frost, storms, accidents, bes, electric wiring or current or proven to be due to the negligence of
USER FEE: \$	DEPOSIT: \$		KEY CHECKED OUT:
LIBRARY REPRESENTATIVE	/ DATE	APPLICANT	
KEY RETURNED:	DEPOSIT RETURI	NED:	