Hill Public Library <u>Application of Use of the Library's Meeting Area</u>

Name of Individual and Organization requesting use:	Date
Address of Individual or Organization.	Email Address
Home Phone	Business Phone
Date Time period request	ted:
Approximate number of people attending:	
Is this an ongoing meeting? Yes No	
If Yes, what are the dates* that you will be needing the u	use of the library?
*Please note that, after approval, if a supplemental meeting is needed, just Director and verify on the calendar that that time slot is open, pencil yours	leave a note to the Library elf in.
As the individual or the representative of the above organd and agree to abide by the "Library Use Regulations" attawishing to use this meeting room on a yearly basis must application each year.	ched. Organizations
Signature of Applicant:	
Printed Name and Title:	
Address:	
Phone:	
and agree to abide by the "Library Use Regulations" atta wishing to use this meeting room on a yearly basis must application each year. Signature of Applicant: Printed Name and Title: Address:	ched. Organizations

Revised 6/15/2017