

**APPLICATION FOR RESERVATION AND USE
OF NILES PUBLIC LIBRARY DISTRICT MEETING ROOM**

Applications for use of the Meeting Room are acted upon by the Library Director and are reported to the Library Board of Trustees by the Library Director on the third Wednesday of each month. Any questions about the applications will be reported to the requesting party on the following day.

Date _____

Application is hereby made for the reservation and use of the Niles Public Library District Meeting Room upon the following terms:

Part I

Profit Non-Profit

Name of party completing this application:

Home address (must be within library district):

Residential phone number: _____

Part II

Profit Non-Profit

If applicable, name of group, club, organization or business _____

Address of office and/or regular meeting place of group, club organization (must be within library district)

Phone number: _____

Names, addresses and phone numbers of officers (President, Vice President, Secretary, etc.):

_____ Title

_____ Title

_____ Title

Part III

Room Charge for Profit Organizations Only:

Meeting Room A or B/\$25 Meeting Room A and B/\$50
(Payment is due with application)

(Office Use Only: Room _____ Payment _____)

Part IV

Date requested: _____
Hours requested: Set-Up Time: _____ Starting time: _____ Ending Time: _____
General purpose of use (business meeting, panel discussion, lecture, etc.): _____

Expected attendance: _____
Special requirements, comments: _____

I state the above information is true and correct. I further state that I have received a copy of the Rules and Regulations regarding the use of Library meeting rooms adopted by the Board of Trustees of the Niles Public Library District, that I (and the above group, club or organization, if applicable) shall abide by said Rules and Regulations and shall indemnify and hold harmless the Niles Public Library District from any loss, cost, expense or damages occasioned by the use of the Meeting Room.

Applicant

Action on Application

Approved
Modifications or restrictions, if any: _____

Disapproved
Reason for disapproval, modifications or restrictions: _____

Authorized Library Representative