

APPLICATION FOR MEETING SPACE AT  
MARION COUNTY LIBRARY

NOTE: No meeting space is reserved until a completed, signed Original of this form is approved by the Library Director.

**1. Name of applying Organization/Group/Individual:**

\_\_\_\_\_

**2. Contact Information:**

Physical and Mailing Address: \_\_\_\_\_

Contact Name & Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Alternate Contact Name and Contact Telephone:**

\_\_\_\_\_

**3. Type of Organization:** \_\_\_\_\_

**4. Purpose of the Meeting:** \_\_\_\_\_

**5. Requested Date and Time of Meeting:** \_\_\_\_\_

Space to be available starting at: \_\_\_\_\_

Space to be vacated by: \_\_\_\_\_

Please make arrangements prior to the meeting for required tables and chairs.

**6. Describe Refreshments, if any:** \_\_\_\_\_

\_\_\_\_\_

**I have read and agree to the terms of the library's Meeting Space Policy**

\_\_\_\_\_  
Authorized Signature

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

**Approved:** \_\_\_\_\_  
Director

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