

**LAKWOOD PUBLIC LIBRARY**  
**MAIN LIBRARY, 15425 DETROIT AVENUE - 226-8275**  
**MADISON BRANCH, 13229 MADISON AVENUE - 228-7428**  
**LAKWOOD, OHIO 44107**

**APPLICATION FOR THE USE OF A MEETING ROOM**

**PLEASE READ GUIDELINES BEFORE FILLING OUT APPLICATION**

NAME OF ORGANIZATION \_\_\_\_\_

DATE \_\_\_\_\_

PURPOSE OF MEETING \_\_\_\_\_

PLEASE SPECIFY PREFERRED DAY \_\_\_\_\_

DATE(S) OF MEETING \_\_\_\_\_

HOURS MEETING BEGINS AND ENDS \_\_\_\_\_

ESTIMATED ATTENDANCE \_\_\_\_\_

**LOCATION:**

\_\_\_\_\_ Main Library Auditorium.  
(100 Maximum/Assembly Set Up)

\_\_\_\_\_ Lectern      \_\_\_\_\_ Projection screen

\_\_\_\_\_ Main Library Multi-Purpose Room  
(100 Maximum/Assembly Set Up)

\_\_\_\_\_ Madison Branch Auditorium  
(100 Maximum /Assembly Set Up)

\_\_\_\_\_ Main Library Meeting Room  
(15 Maximum/Conference Set Up)

\_\_\_\_\_ Madison Branch Meeting Room  
(40 Maximum/Conference Set Up)

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Is your group a non-profit organization? \_\_\_\_\_

Does your group charge a fee? \_\_\_\_\_ Please specify. \_\_\_\_\_

Are your meetings open to the public? \_\_\_\_\_

What is your library card number? \_\_\_\_\_

For office use only  
Verified by: \_\_\_\_\_

**I HAVE READ THE POLICY FOR USE OF THE LIBRARY MEETING ROOMS AND AGREE TO SEE THAT MY GROUP OBSERVES THE REGULATIONS.**

\*SIGNED \_\_\_\_\_

ALTERNATE PERSON \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

H \_\_\_\_\_ W \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

H \_\_\_\_\_ W \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

\*This form is a public record and its information may be given out upon request.