



Application for Use of the Milpitas Public Library Meeting Room

Name of Organization _____

Your Name _____

Your Position in the Organization _____

Day Phone _____ Evening Phone _____ Email _____

Your Address _____ City _____, CA Zip _____

_____ I understand that my name and telephone number may be given to anyone who wants more information about the meeting or my organization. (Please initial.)

RESERVATION

Date(s) of Meeting(s) _____

Time Requested _____

Purpose of Meeting _____

Estimated Attendance (minimum of 8 people) _____

I have read the policy and procedures for use of the Milpitas Library Multipurpose Room. I agree to comply with these terms and conditions and understand that failure to follow them may result in loss of permission to use the meeting room. If library equipment or property is damaged during this use, I understand that I may be assessed damage or replacement costs.

Your signature _____ Date _____

Staff Use Only

Special Arrangements/Conditions require approval of the Community Librarian.

Approved by _____ Date _____

\$10.00 Fee per use (non-transferable) Total paid \$ _____ Staff initials _____

Other (explain) _____