

Plum Community Library

Request for use of the Library Meeting Room

Name of Group _____

Date(s) of the meetings _____

Starting/Ending time _____

Reason for the meeting _____

Number of people attending _____

Name of group member who is a Library cardholder _____

Address: _____

Phone: _____

I have read a copy of the Plum Community Library Meeting Room Policy and Procedures and shall obey the stated rules and regulations.

Signed _____

Date of Request _____

Staff use:

Non-profit: Yes _____ No _____

Paid by: Cash _____ Check _____ Credit Card _____

Amount Paid _____ Balance Due _____

Reservation Fee Refund: Yes _____ No _____

Notes: