



APPLICATION FOR USE OF MEETING ROOM

Type or print. Submit in duplicate at least **4 weeks in advance**. Allow **2 weeks for processing**. Duplicate (with confirmation or rejection noted) will be returned. A minimum fee of \$50.00 is charged for each use. **Application must be accompanied by non-refundable deposit of \$25.00** (cash, money order or certified check payable to Buffalo & Erie County Public Library). Deposit will be returned if application is denied.

ROOM ASSIGNMENT. (To be made by library) _____

Complete all sections below

ORGANIZATION INFORMATION	1
Organization Name _____	
Organization Address _____	
Purpose of Organization _____	
APPLICANT INFORMATION	2
Name & Title of Applicant _____	
Address _____	
Telephone number: _____ Best time to call: _____	
MEETING INFORMATION	3
Date requested _____ Day of week _____	
Time: from _____ to _____ Expected attendance: _____	
Purpose of meeting: _____	

Does your organization require any special ACCOMMODATIONS? If yes, please list below:

OTHER REQUIREMENTS: (i.e., number tables, number chairs, microphone, screen, etc. Please be specific.) Indicate in the rectangle below preferred arrangement of seating and/or tables. Show entrances, exits where available. Indicate preferred position of speaker(s), podium, any equipment, etc. *Users may not apply displays, posters, etc. to wall surfaces.*

SPECIAL EQUIPMENT (to be brought in by applicant)

List items: _____

Note date and hour of arrival/delivery: _____

I have read and understand the Buffalo & Erie County Public Library "Meeting Room Policy," "Application for Use of Meeting Room" and "Meeting Room Rules of Use" and agree, on behalf of the applying organization, to be bound by the terms of use set forth therein, including acceptance of liability for either damage to library facilities or loss of library property arising from use of the meeting room by the applicant.

NAME

DATE

SIGNATURE

FOR: _____

ORGANIZATION

DO NOT WRITE IN THIS SPACE

APPLICATION APPROVED _____ DATE _____

APPLICATION REJECTED _____ DATE _____

FEE _____ (See attached sheet for fees) DUE _____ PAID _____

SEND BOTH APPLICATIONS TO: Office of Community Relations, B&ECPL
Lafayette Square, Buffalo, NY 14203
Phone: (716) 858-7182