## **CITY OF TONAWANDA PUBLIC LIBRARY MEETING ROOM APPLICATION**

(Please IIII out and ret	urii to Library Directo	i oi a designated	member of the stair)	
Organization Name: _				
Organization Address:				
Purpose of Organization	on:			
Contact Person Inform	nation Name & Title:			
Address:				<del>_</del>
Email:				
Telephone:		Best time	to call:	_
Date Requested: Day of Week:			Week:	
Time: From	To			
Purpose of Meeting:_				
Expected Attendance	:	(maximum cap	acity is 41)	
Special Needs: Other:				
use of the Meeting Ro views expressed are so views of, and should n understand the Meeti memberships may be and do hereby agree t	oom are attached and olely those of the author to the attributed to, the grown Rules of Use advertised, solicited, to all of the Meeting R	all of those mater nor/speaker/presene City of Tonawa e including the record or sold while usin loom Rules of Use	ributed in connection with the rials contain the following discenter and do not necessarily renda Public Library. I have readulinement that no products, seg the Meeting Room. I have the on behalf of the organization se as the responsible party for	laimer: The eflect the I and ervices, or ne authority named
NAME		DATE		
SIGNATURE				-
Approvedyes	no	~~~~~~~~~~~		~~~~~~
Signature of Library Re	epresentative		DATE	

Approved by the City of Tonawanda Public Library Board 6/17