



Boston Free Library

9475 Boston State Rd. - P.O. Box 200 - Boston, NY 14025

Phone: 716-941-3516 Email: bos@buffalolib.org

Meeting Room Application

Complete all sections below. Use back for additional information.

Organization Information

Organization Name: _____

Organization Address: _____

Purpose of Organization: _____

Applicant Information

Name & Title of Applicant: _____

Address: _____

Phone: _____

Meeting Information

Date requested _____ Day of week _____ Time: From _____ To _____

Purpose of meeting: _____

Expected attendance: _____

Does your organization require any special accommodations? No Yes- Use back to describe

I have read and understand the "Rules for Meeting Room Use" and agree to abide by them.

Name: _____ Date: _____

Organization: _____

Signature: _____

Library use: Please initial each line you fill in

Date received: _____ Decision: _____ Notified applicant: _____

Any after meeting notes:

