



Town of Collins Public Library

2341 Main Street – PO Box 470 – Collins, NY 14034-0470
Phone: (716) 532-5129 Email: col@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: _____ Best Time to Call: _____

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: