



**Hulbert Library of the Town of Concord**  
**18 Chapel Street**  
**Springville, NY 14141**  
**716-592-7742**  
**con@buffalolib.org**

**APPLICATION FOR USE OF MEETING ROOM**

Type or print. Please submit at least 2 weeks in advance.

**Organization Information**

Organization Name \_\_\_\_\_  
 Organization Address \_\_\_\_\_  
 Purpose of Organization \_\_\_\_\_

**Applicant Information**

Name & Title of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Best time to call \_\_\_\_\_  
 Email \_\_\_\_\_

**Meeting Information**

Date requested \_\_\_\_\_ Day of the week \_\_\_\_\_  
 Time: from \_\_\_\_\_ to \_\_\_\_\_ Expected attendance \_\_\_\_\_  
 Purpose of meeting \_\_\_\_\_

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

\_\_\_\_\_

Special Equipment (to be brought by applicant)

List items: \_\_\_\_\_

Note date and hour of arrival/delivery: \_\_\_\_\_

I have read and understand the Hulbert Library of the Town of Concord's "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(Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

<b>Do Not Write in this Space</b>	
Application Approved _____	Date: _____
Application Rejected _____	Date: _____